

Name
in
Full

William Banks

CERTIFICATE OF DEATH

Died at ^{Town} Cumberland^{County} Allegany

MARYLAND

Date of death 1906 July

Day 10

Age

Years 33

Months —

Days —

Sex Male

Color or Race

Colored

Birth-place

Md.

Occupation

Waiter

Where Residing if not at place of death —

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Thomas Banks (Dead)

Father's Birthplace

Mother's Maiden Name

Francis Pote (Dead)

Mother's Birthplace

Name of person giving information

Alex Washington

How related to deceased

same

CAUSES OF DEATH

Primary

Alcohol and Lysarott

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. A. Mary Loomer

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nellie Beaterman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *S. Cumberland* County *Cecily* MARYLAND

Died at *S. Cumberland*

Date of death *1906* Month *July* Day *28* Age *—* Years *—* Months *5* Days *—*

Sex *Female* Color or Race *White* Birth-place *Cumhd*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

David J. Beaterman

Father's Birthplace

Pa

Mother's Maiden Name

Mora. C. Kerns

Mother's Birthplace

md

Name of person giving information

David J. Beaterman

How related to deceased

Father

CAUSES OF DEATH

(29)

PHYSICIAN
OR CORONER

Primary

Intestinal Tuberculosis

How long

Immediate

Infection

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr W. R. Ford

Address

*S. Cumberland
Md.*

Accident or Suicide?

LOUIS STEIN



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Cumberland</i>		County <i>Bergerman</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cummbd. Ind</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>Cummbd Ind</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Francis Bergerman</i>				Father's Birthplace <i>City</i>			
Mother's Maiden Name <i>Maggie Steffe</i>				Mother's Birthplace <i>City</i>			
Name of person giving information <i>Francis Bergerman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>Premature Birth</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E.H. White</i>
	Address <i>Cummbd Ind</i>
Accident or Suicide? <i>—</i>	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		7	6	27			
Sex	Female		Color or Race	White		Birth-place	Cumtburland
Occupation	Housewife		Where Residing if not at place of death		15 W. Ave		
Married, Single or Widowed	Married		Name of Wife or Husband		James Breakiron		
Father's Name	John Over		Father's Birthplace		Germany		
Mother's Name	Mary Over		Mother's Birthplace		" " "		
Name of person giving information	James Breakiron		How related to deceased		Husband.		

CAUSES OF DEATH

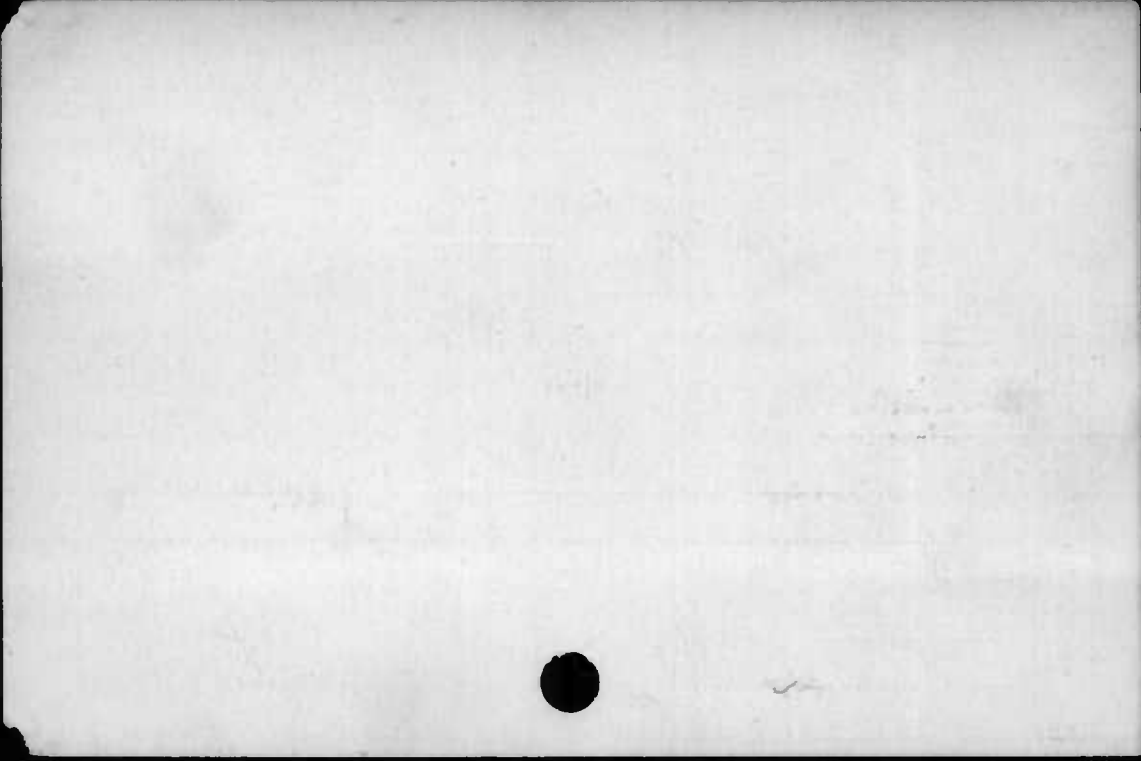
Primary	Asystolia from Chloroform	How long	few moments
Immediate	Paralysis of heart	How long	—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Leo Donald Cahill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death		1906	Month July	Day 3	Age	Years 6	Months wks
Sex Male		Color or Race White		Birthplace Cumberland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Thomas Cahill		Father's Birthplace Cumberland					
Mother's Maiden Name Mary Pendergast		Mother's Birthplace					
Name of person giving information Thomas J Pendergast		How related to deceased					

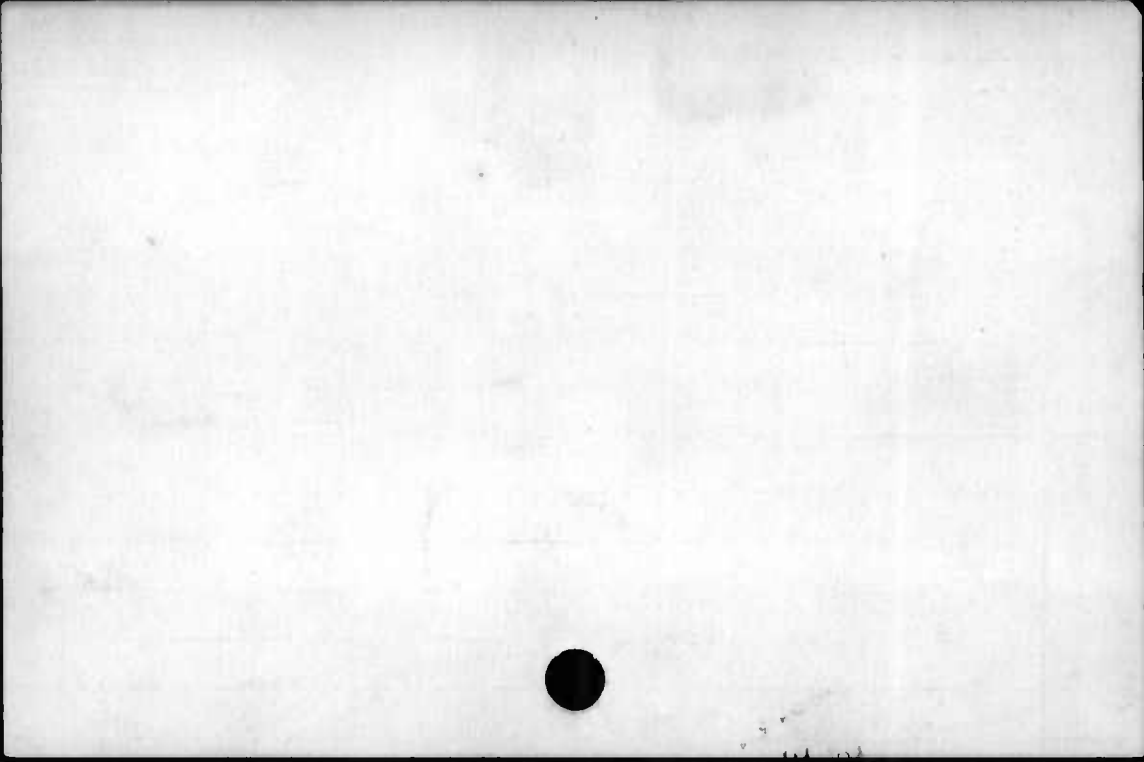
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	
Signature of Physician	Address
Accident or Suicide?	

151

EDWIN STEIN.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumt d* Town

County

Allegany

Date

Month

Day

Years

Months

Days

of death *1906**July**22*

Age

*—**4**—*

Sex

*Male*Color or
Race*White*Birth-
place*Cumt d*

Occupation

*—*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*George Cardan*Father's
Birthplace*Old Town, Md*Mother's
Maiden Name*Barrie Durace*Mother's
Birthplace*Old Town, Md*Name of person giving
information*George Cardan*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

2 wks.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*Dr. C. H. White.*

Address

*Cumberland
Md.*

LOUIS STEIN

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
1906		July	3	79			
Sex	Male	Color or Race	White	Birth-place	Ireland		
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Nora Mulligan			How related to deceased			
			Grandchild				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

154

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

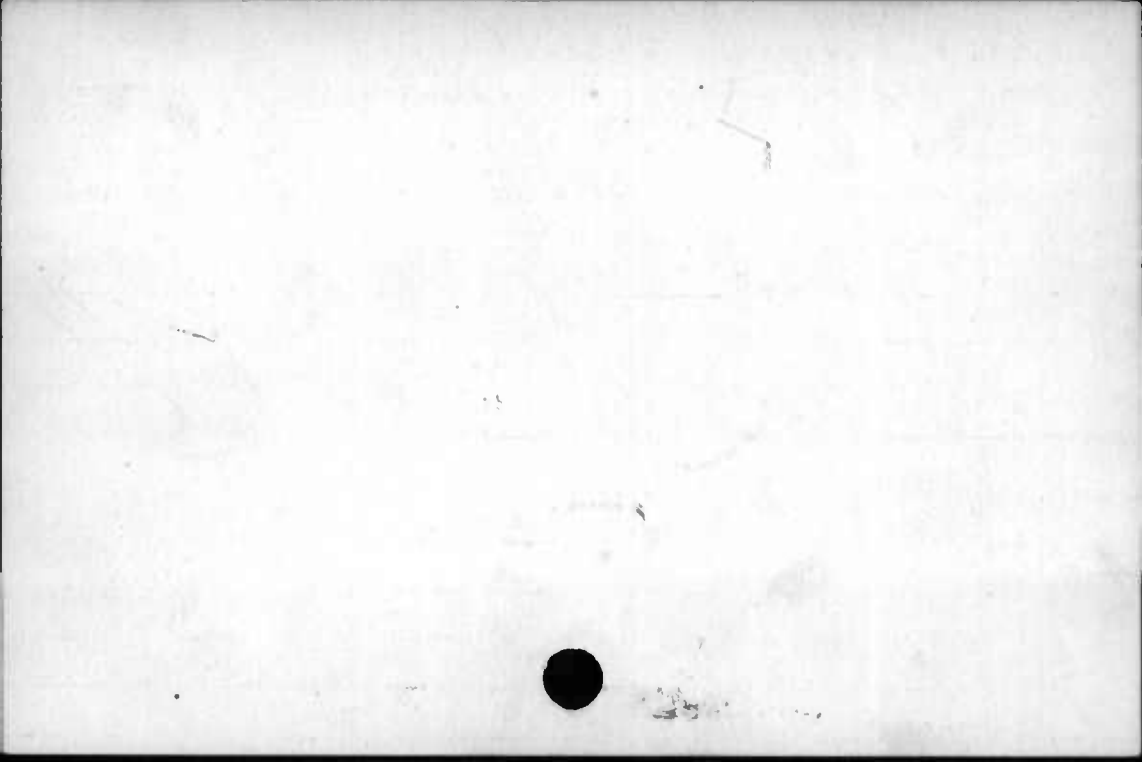
Signature of Physician

Address

Dr. J. F. Twigg
Cumberland
Md.

Accident or Suicide?

LOUIS STEIN



Name
in
Full

William J. Connor

CERTIFICATE OF DEATH

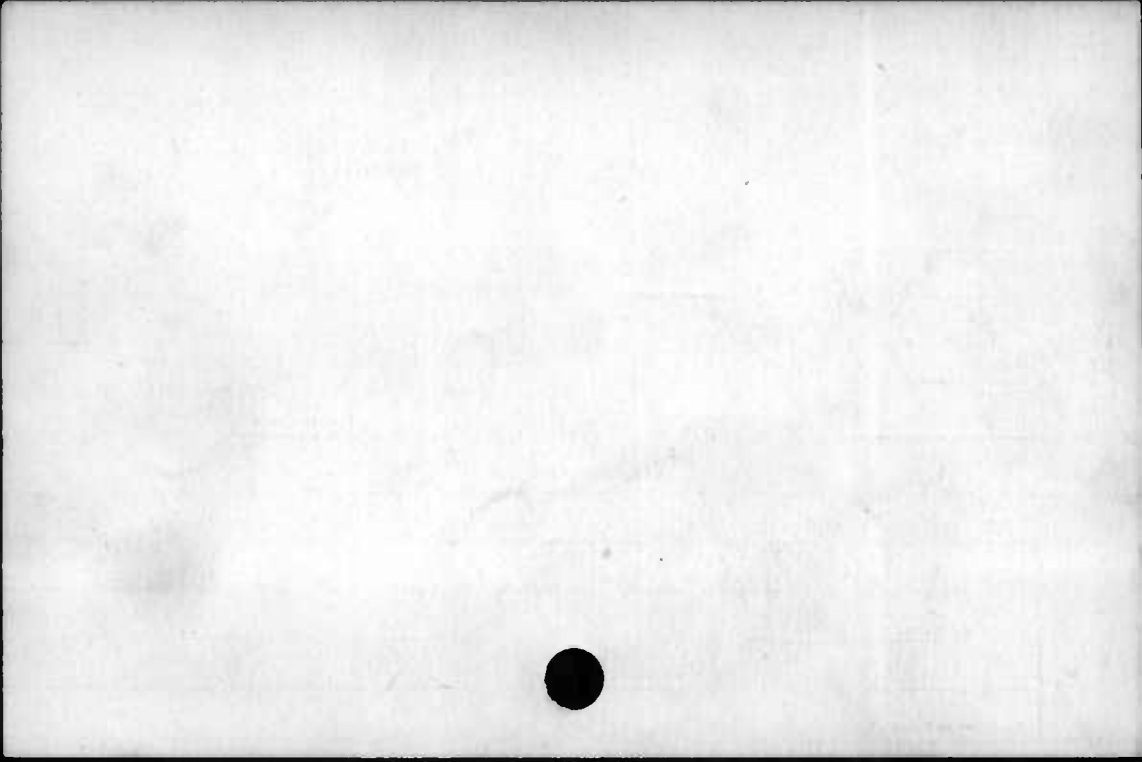
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u>		Town <u>County</u>		County <u>Allegheny</u>		MAYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>25</u>	Age <u>76</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Brunswick</u>				
Occupation <u>Connor (retired)</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Elizabeth</u>						
Father's Name <u>—</u>	Father's Birthplace						
Mother's Maiden Name <u>—</u>	Mother's Birthplace						
Name of person giving information <u>Martha Elizabeth Connor</u>	How related to deceased <u>Wife</u>						

CAUSES OF DEATH

Primary <u>Asphyxiation</u>	How long <u>4 days</u>
Immediate <u>Exhaustion</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. J. Perry</u>
Address <u>LOUIS STEIN</u>	
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Viola A. Bonner.

CERTIFICATE OF DEATH

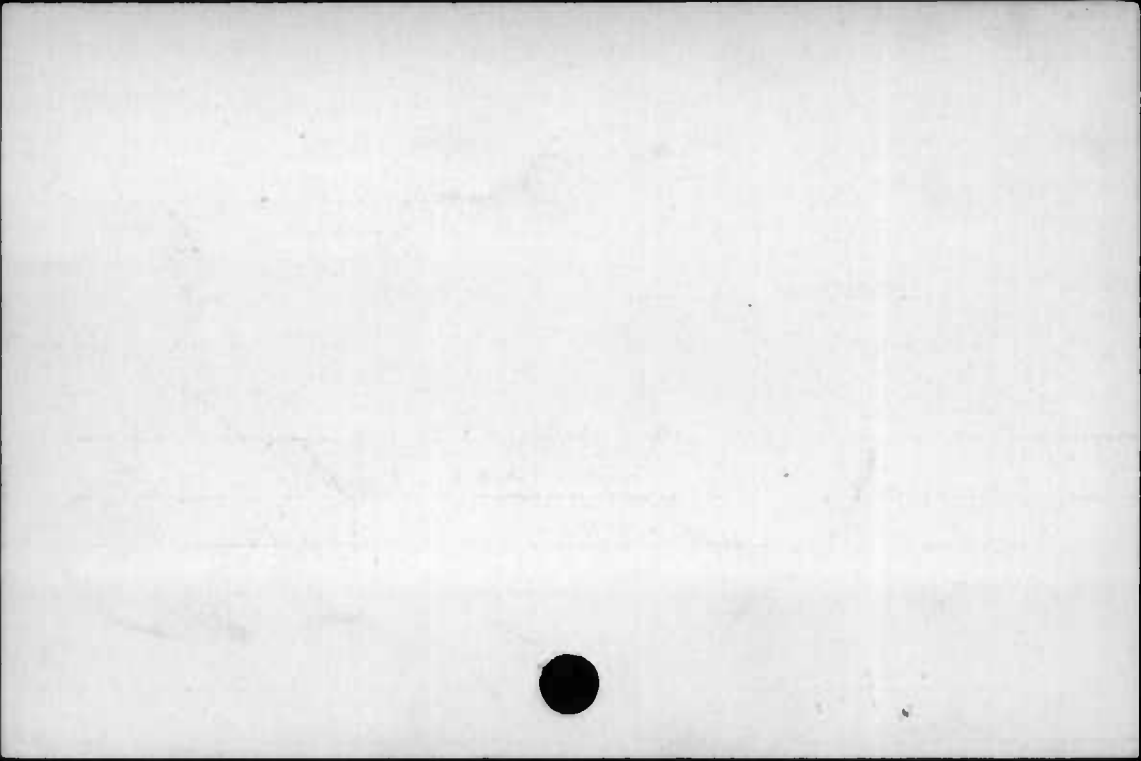
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chamberland</u> Town			County <u>Allegheny</u>			MARYLAND		
Date of death	1906	Month <u>July</u>	Day <u>20</u>	Age	Years <u>50</u>	Months <u>8</u>	Days <u>21</u>	
Sex	<u>Female</u>			Color or Race	<u>White</u>			Birth-place <u>Md</u>
Occupation	<u>Wife</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	<u>married</u>			Name of Wife or Husband	<u>James Bonner</u>			
Father's Name	<u>—</u>					Father's Birthplace		
Mother's Maiden Name	<u>—</u>					Mother's Birthplace		
Name of person giving information	<u>James Bonner</u>					How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dropsy.</u>	How long	
Immediate	<u>Phthisis Pulmonum</u>	How long	<u>1 yr.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>Dr. J. J. Wilson</u>
	<u>See</u>	Address	<u>77 Chamberland Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

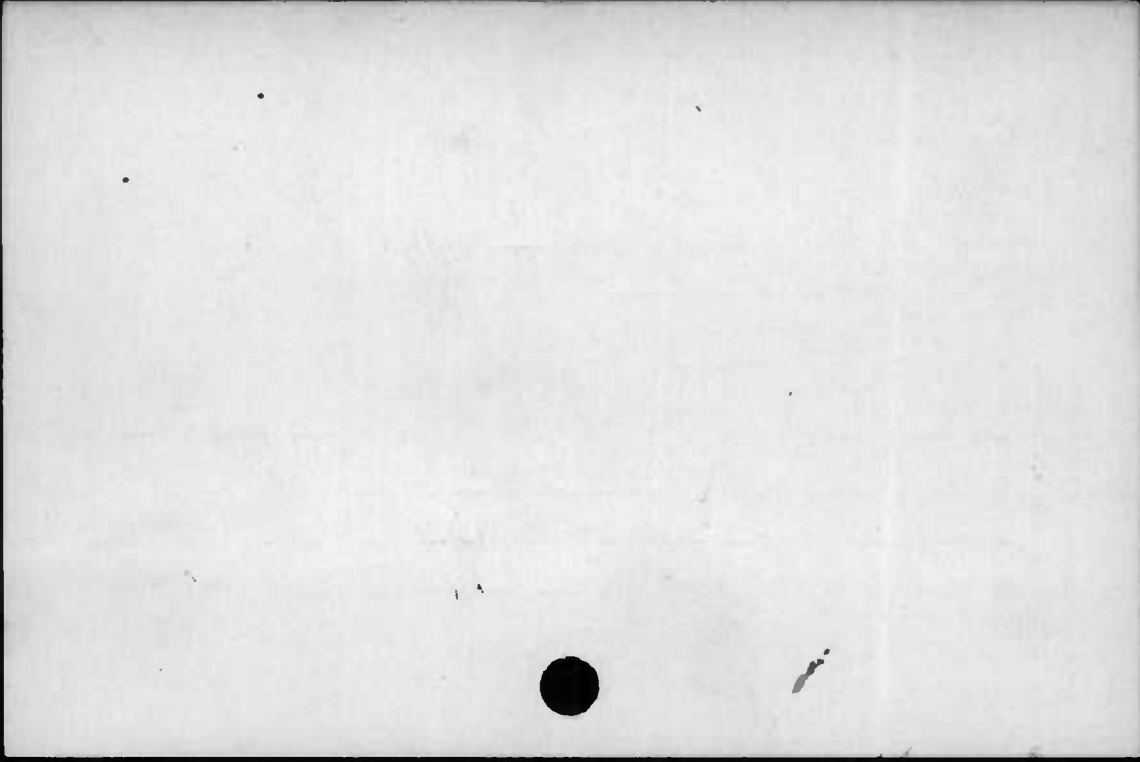
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mayor William Conrad</i>		Town <i>Cumtubland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtubland</i>		Month <i>July</i>		Day <i>2</i>		Age <i>4</i> years <i>28</i> Months <i>4</i> Days <i>28</i>	
Date of death <i>1906 July 2</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Mayor D Conrad</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Vera Fisher</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mayor D Conrad</i>				How related to deceased <i>28</i> <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Possibly Tubercular, Deposits</i>		How long <i>unknown</i>	
Immediate <i>Meningitis Basilar</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Broadus, M.D.</i>	
		Address <i>Cumtubland, W.</i>	
Accident or Suicide? <i>N</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Bowen
Near Cumberland County
Died at

MARYLAND

Date of death 1906 July 17 Age 70 Months Days

Sex Female Color or Race White Birthplace Scotland

Occupation Nurse in Maternity of Asylum Retired Asylum Where residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Carcinoma

(45)

How long 14 years

Immediate Exhaustion

How long 4 weeks

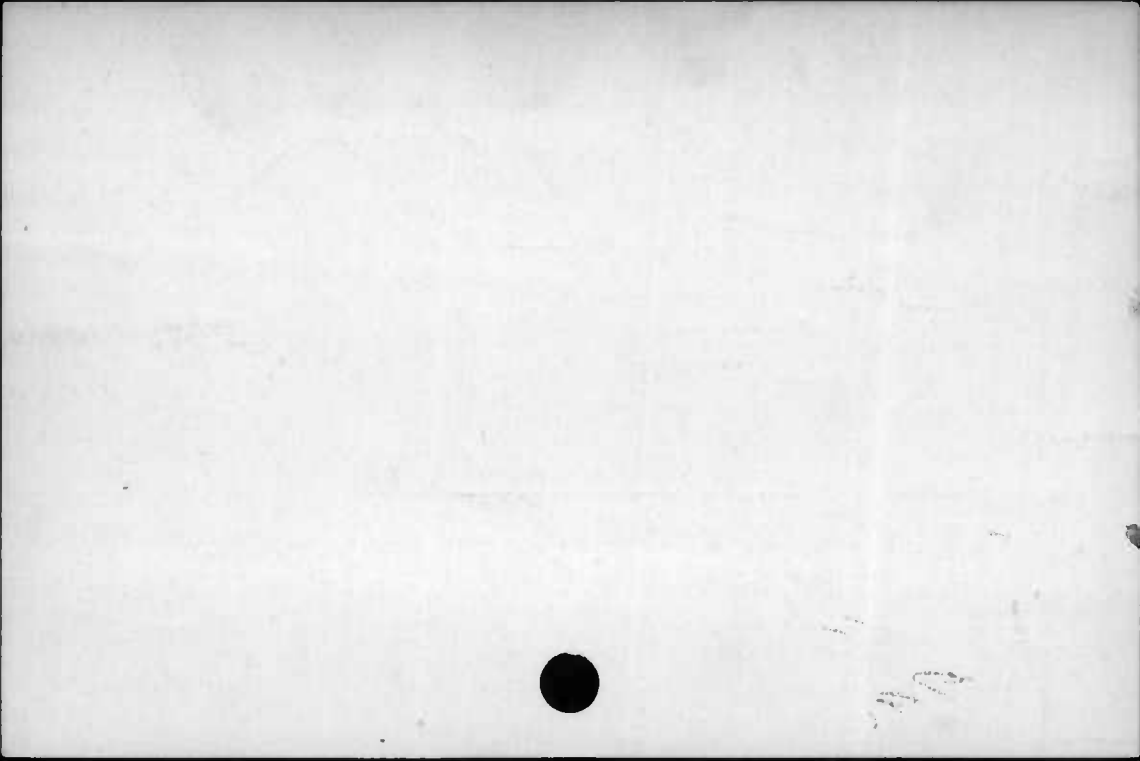
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. F. Turgo
Cumberland
Md

Accident or Suicide?



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Longueming</i> Town <i>Allegany</i> County		MARYLAND					
Date of death	1906	Month <i>July</i>	Day <i>24</i>	Age <i>74</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Scotland</i>
Occupation	<i>none</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Andrew Crawford</i>				Father's Birthplace	<i>Scotland</i>	
Mother's Maiden Name	<i>Agnes Wilson</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Andrew Crawford</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Punctured wound of foot</i>	How long	<i>One week</i>
Immediate	<i>Retained</i>	How long	<i>16 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. D. Skilling M.D.</i>	
Address			
Accident or Suicide?		<i>no</i>	



Name
in
Full

Margaret Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Queenstown* ^{County} *Allegheny*

Date of death 1906 ^{Month} *July* ^{Day} *28* ^{Years} *65* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birthplace *Ireland*

Occupation *Housewife* Where residing if not at place of birth *1008 Immaculate of Clairhouse*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Do not know* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Dr. Wilson* How related to deceased *—*

CAUSES OF DEATH

Primary *Fatty degeneration of heart* How long *Years*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. H. J. Jurgens*

Address *—*

Accident or Suicide? *—*



Name
in
Full

Mariah Dukes Davis

CERTIFICATE OF DEATH

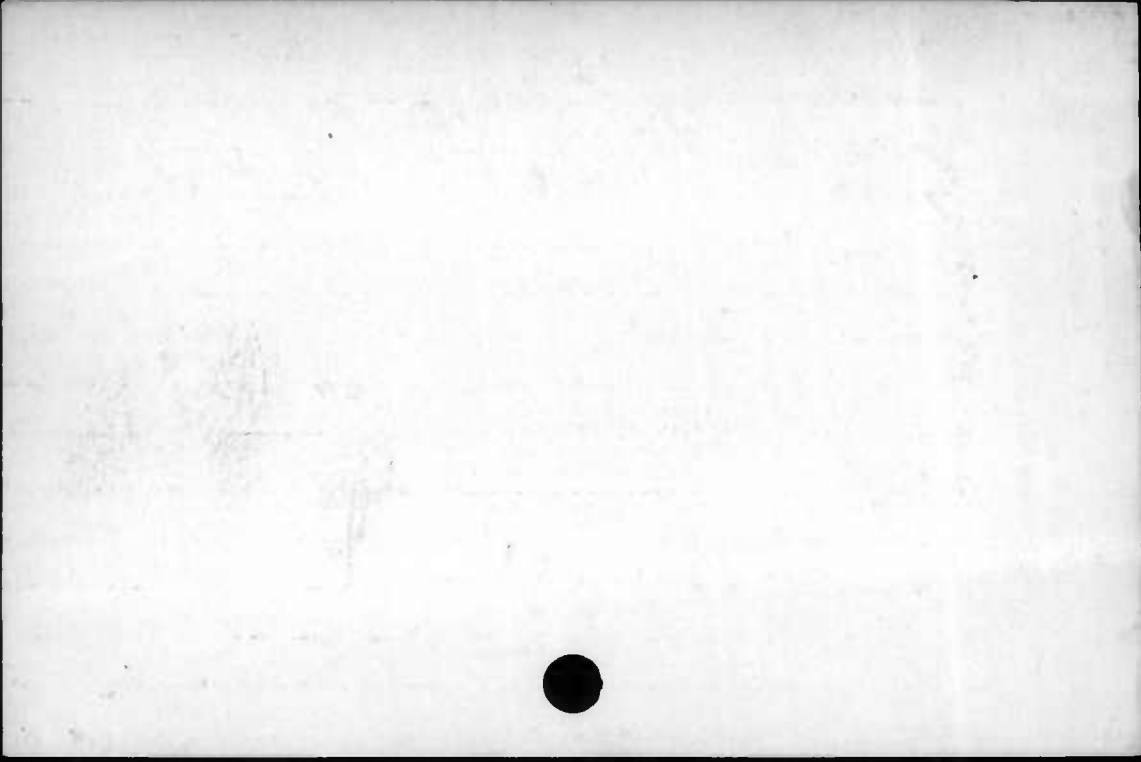
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death 1906	Month <i>July</i>	Day <i>20</i>	Age	Years <i>79</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>England</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation					
Name of Wife or Husband <i>Thomas Davis</i>							
Father's Name <i>Dukes</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>LC</i>		Mother's Birthplace					
Name of person giving information <i>Thomas Davis</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>One week</i>
Immediate <i>in coma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Boucher</i>
	Address <i>Barton</i>
Accident or Suicide?	



Name
in
Full

Edgar Parson. Dayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Westernport* ^{County} *Allegheny*

MARYLAND

Date of death 1901 ^{Month} *7* ^{Day} *31* Age ^{Years} *6* ^{Months} *6* ^{Days} *3*

Sex *male* Color or Race *White* Birth-place *Maryland*

Occupation *Student* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Albert P. Dayton* Father's Birthplace *Maryland*

Mother's Maiden Name *Hattie Immunde* Mother's Birthplace *Maryland*

Name of person giving information *Albert P. Dayton* How related to deceased *father*

CAUSES OF DEATH

Primary *Diphtheria* ^{How long} *one week*

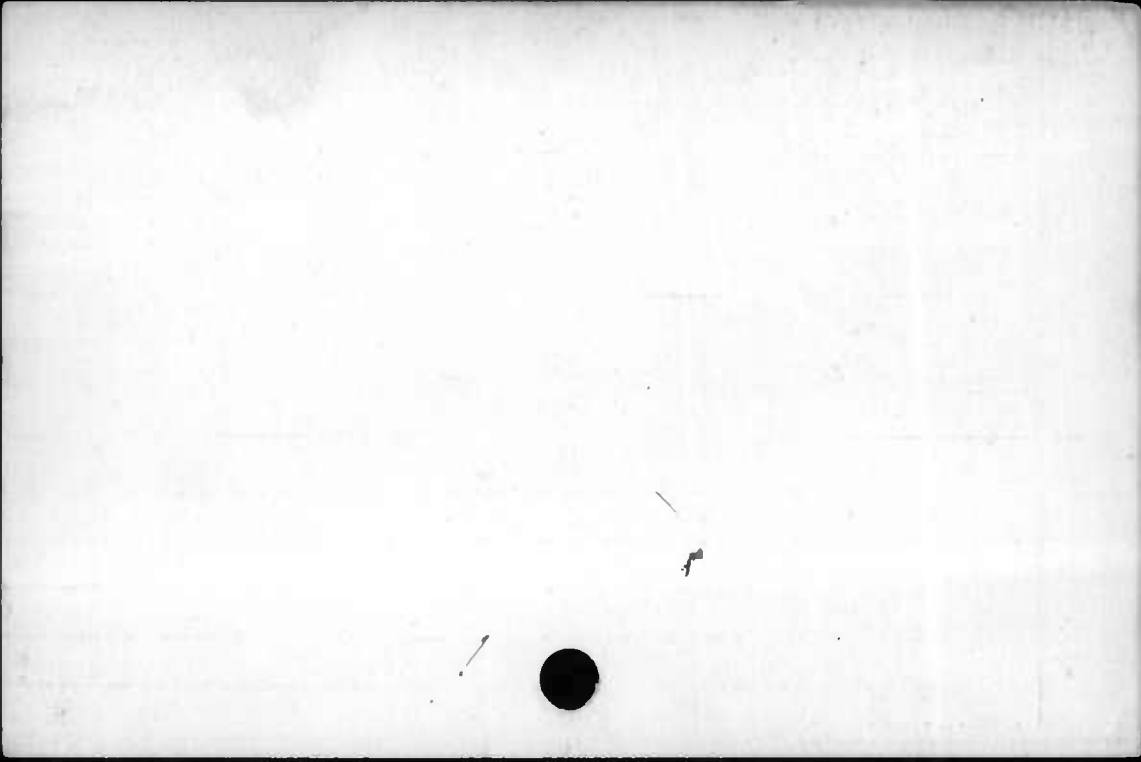
Immediate *Paralysis of heart* ^{How long} *one day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. J. Parsons*

Address *Bedmont W. Va*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alice Louise Driscoll

Died at *Washington* ^{Town} *Alley* ^{County} **MARYLAND**

Date of death **1906** ^{Month} *July* ^{Day} *22* ^{Age} *4* ^{Years} *12* ^{Months} *12* ^{Days}

Sex *7* ^{Color or Race} *White* ^{Birthplace} *Washington*

Occupation _____ Where Residing if not at place of death *Washington D.C.*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Alexander Driscoll* ^{Father's Birthplace} *Washington*

Mother's Maiden Name *Charlotta Fisher* ^{Mother's Birthplace} *Washington*

Name of person giving information *Clara Layman* ^{How related to deceased} _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* ^{How long} *105* *From onset*

Immediate _____ ^{How long} _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. M. Parry*

Address *Per Dr. Griffith*
Washington D.C.

Accident or Suicide? _____

77 Co

Washington DC

Name
in
Full

Simon Dalton Diehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumt-d Town Allegany County MARYLAND

Date of death 1906 Month July Day 15 Age 1 Years 1 Months 1 Days 1

Sex male Color or Race White Birth-place near Cumt-d

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Simon Diehl Father's Birthplace Pa

Mother's Maiden Name Wienna Clausen Mother's Birthplace md

Name of person giving information Wienna Diehl How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Meningitis (61) How long 24 hrs

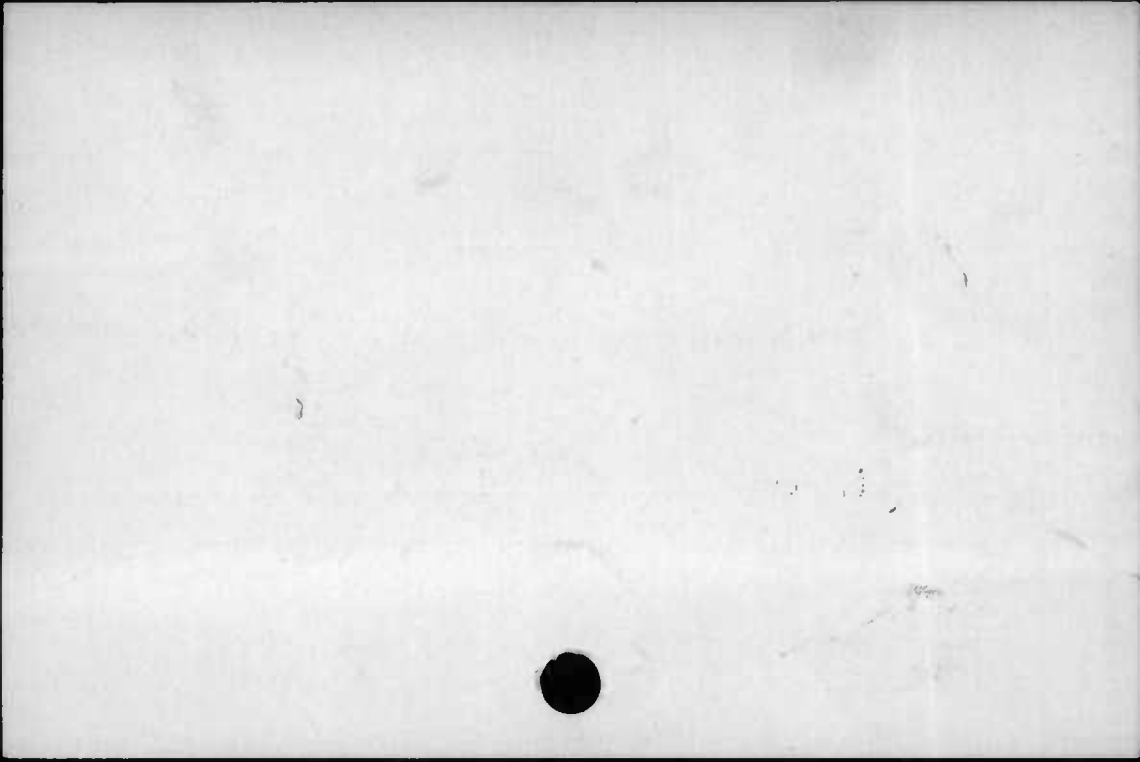
Immediate Convulsion How long 2 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician M. H. T. J. 99

Address L.S.

Accident or Suicide? -



Name
in
Full

Robert Miller Glen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Sonoma</i> ^{Town}		<i>Allegheny</i> ^{County}			
Date of death 190 <i>6</i>	<i>July</i> ^{Month}	<i>20</i> ^{Day}	Age <i>31</i> ^{Years}	<i>11</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sonoma Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Miner</i>				
Name of Wife or Husband <i>Mary Anderson</i>					
Father's Name <i>John Glen</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Annie Miller</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>John Glen</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pistol Shot in Mouth</i>	How long <i>instantly</i>
Immediate <i>Heart Failure</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Skilling M.D.</i>
	Address <i>Sonoma Md.</i>
Accident or Suicide? <i>.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Branch</i>		Town <i>allegany</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>21</i>	Age	Years	Months	Days <i>2 hours</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Camp Branch</i>			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Paul Goldsworth</i>			Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Anna Helfrich</i>			Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Paul Goldsworth</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	How long <i>3 hours</i>
Immediate <i>Premature: Placental Abruption</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Jackson</i>
	Address <i>Camp Branch W.</i>
Accident or Suicide?	



Name
in
Full

Porter Hausman

CERTIFICATE OF DEATH

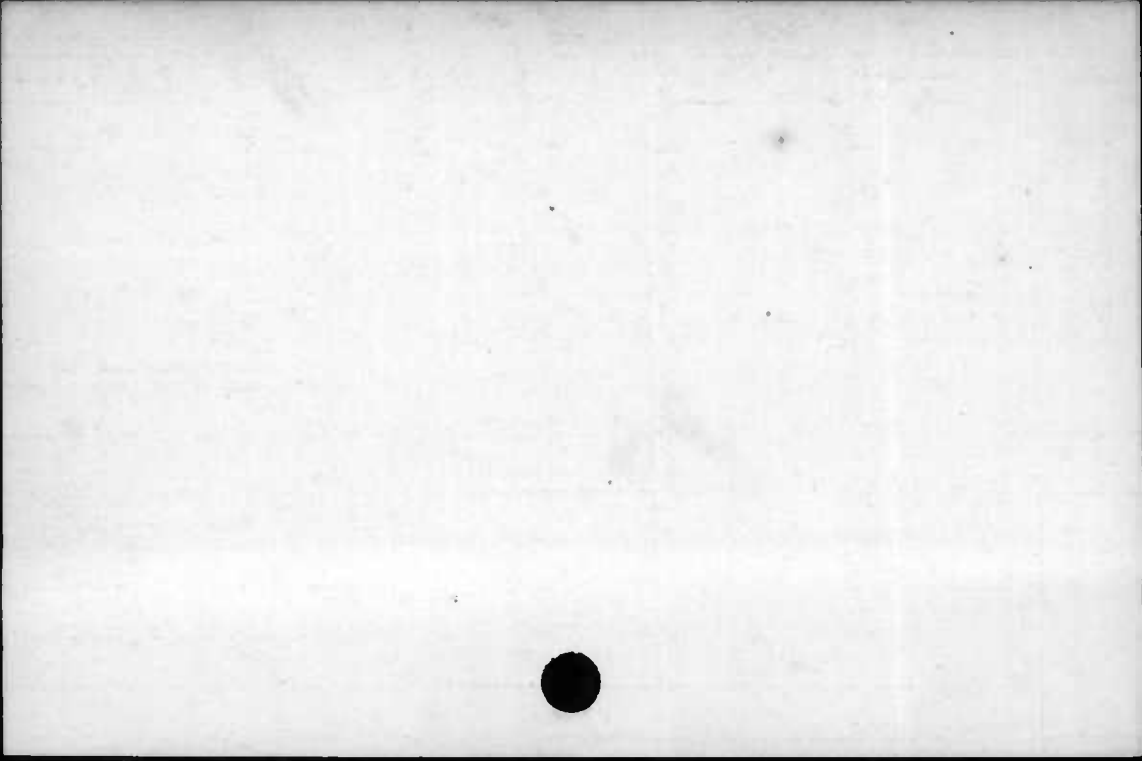
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <u>Alleghany</u> County		MARYLAND	
Date of death <u>1906</u> <u>July</u> <u>30</u>	Month	Day	Age <u>10</u> <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lorocoringnd</u>	
Occupation <u>School Boy</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife <u>—</u> Husband		
Father's Name <u>Wm Hausman</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Wilson</u>	Mother's Birthplace <u>Lorocoringnd</u>		
Name of person giving information <u>Wm Hausman</u>	How related to deceased <u>brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Ends - Carditic</u>	How long <u>unknown</u>
Immediate <u>Heart failure</u>	How long <u>several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. J. Dune M.D.</u>
	Address <u>Cumberland Md</u>
Mentor or Suicide? <u>—</u>	



Name
in
Full

Adrian Heller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland and		County Allegany		MARYLAND	
Date of death	1906	Month July	Day 22	Age 3	Years	Months	Days 21
Sex	Male		Color or Race	white		Birth- place	Cumberland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				John L Heller			
Mother's Maidan Name				Francis Adams			
Name of person giving In formation				John L Heller			
Father's Birthplace				Cumberland (Md)			
Mother's Birthplace				Pa -			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngitis	How long	one day
Immediate	Edema of glottis	How long	half hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. L. Owens M.D.	
Address		98 Va Ave Cumberland Md	
Accident or Suicide?		LOUIS STEIN	



216
217

Name
in
Full

Francis Jane Heller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kimberland</u> ^{Town}		County <u>Allegheny</u>		MARYLAND	
Date of death	1906	Month	July	Day	27
Age	31	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	Hancock Md
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of wife or Husband <u>John L. Heller</u>		
Father's Name	was Henry Powell Adams			Father's Birthplace	Bedford Co, Pa
Mother's Maiden Name	Francis Jane Donohue			Mother's Birthplace	Bedford Co - Pa
Name of person giving information	John L. Heller			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>2 yrs</u>
Immediate	<u>Hemorrhage from Lung</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>E. L. Owens M.D.</u>
		Address	<u>Kimberland</u> <u>Md</u>
Accident or Suicide?	no		



Name

In Full

CERTIFICATE OF DEATH

Paul Raymond Hinge

Town

County

MARYLAND

Died at *Cumuld*

Date

of death 1906

Month

July

Day

31

Age

Years

—

Months

10

Days

—

Sex

Male

Color or Race

White

Birthplace

Cumuld

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Herman Hinge

Father's Birthplace

Germany

Mother's Maiden Name

May M Herring

Mother's Birthplace

Cumuld

Name of person giving information

Herman Hinge

How related to deceased

Father.

CAUSES OF DEATH

Primary

Iniation

How long

Some months

Immediate

Exhaustion

How long

Several weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

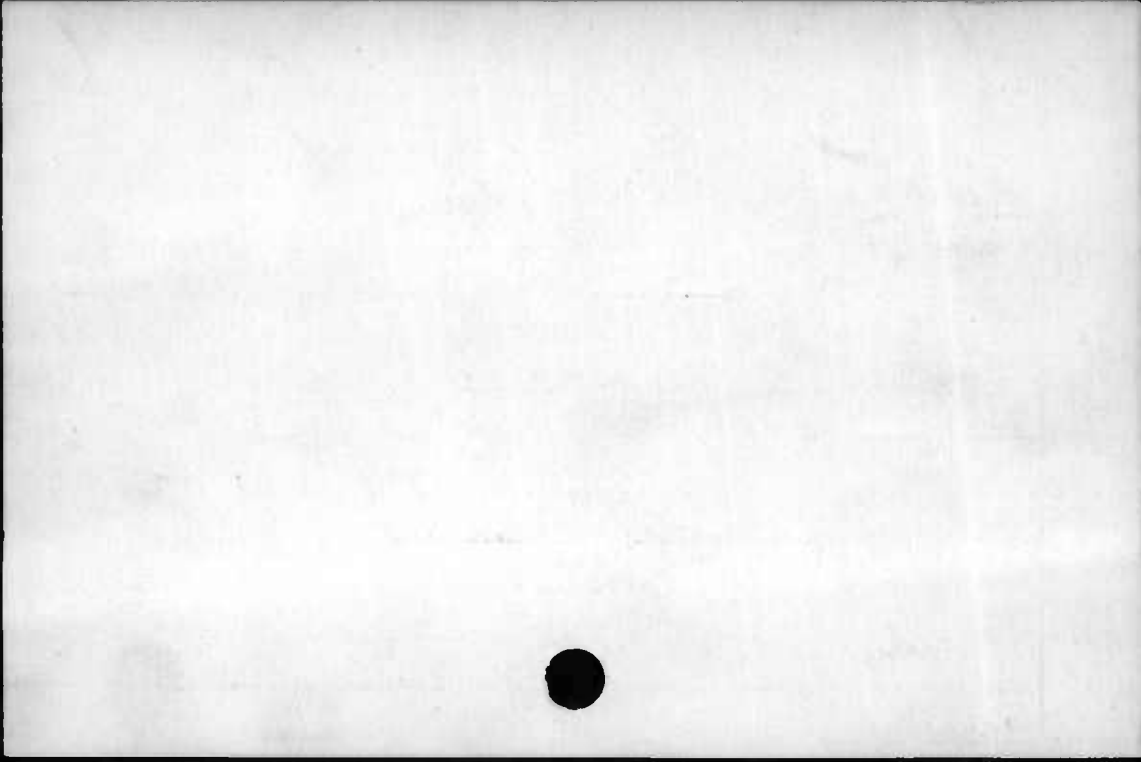
Address

E. V. Duple M.D. - Lake

LOUIS STEIN

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Fredericka Ichs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wounded</u>		Town <u>Allegany</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>1</u>	Age <u>86</u>	Years <u>86</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>				
Occupation <u>---</u>			Where Residing if not at place of death <u>York Pa</u>				
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>---</u>					
Father's Name <u>---</u>				Father's Birthplace <u>---</u>			
Mother's Maiden Name <u>---</u>				Mother's Birthplace <u>---</u>			
Name of person giving information <u>George Ichs</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORNER	Primary	<u>Inflammation of Bowels</u>	How long	<u>20 ds</u>
	Immediate	<u>Exhaustion</u>	How long	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			
	Signature of Physician <u>Dr J. J. Wilson</u>			
Remains shipped to <u>York</u>		Address <u>J. J. Wilson</u>		
Accident or Suicide? <u>York Co Pa</u>		<u>9nd</u>		



Name
in
Full

Samuel Jeffers
Town _____ County _____

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906

Month

7

Day

24

Years

74

Age

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Eng land*

Occupation

*Wreckman*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife
Husband*Mrs S Jeffers*Father's
Name*—*Father's
Birthplace*Eng*Mother's
Maiden Name*!*Mother's
Birthplace*Eng*Name of person giving
information*Samuel Jeffers*How related
to deceased*undisputed*

CAUSES OF DEATH

Primary

Poorly regulated

How long

2 yrs

Immediate

Exhaustion

How long

*6 wks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Dr. J. M. Brown
Hosetown
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Spur

Valley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary C. Keating* Town *Linsomring* County *Alleghany* MARYLAND

Died at *Linsomring*

Date of death *1906* Month *July* Day *22* Age *—* Years *—* Months *2* Days *14*

Sex *Female* Color or Race *White* Birth place *Linsomring*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Arthur Keating* Father's Birthplace *Scotland*

Mother's Maiden Name *Mary Dugan* Mother's Birthplace *Throbbing*

Name of person giving information *Mrs Arthur Keating* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

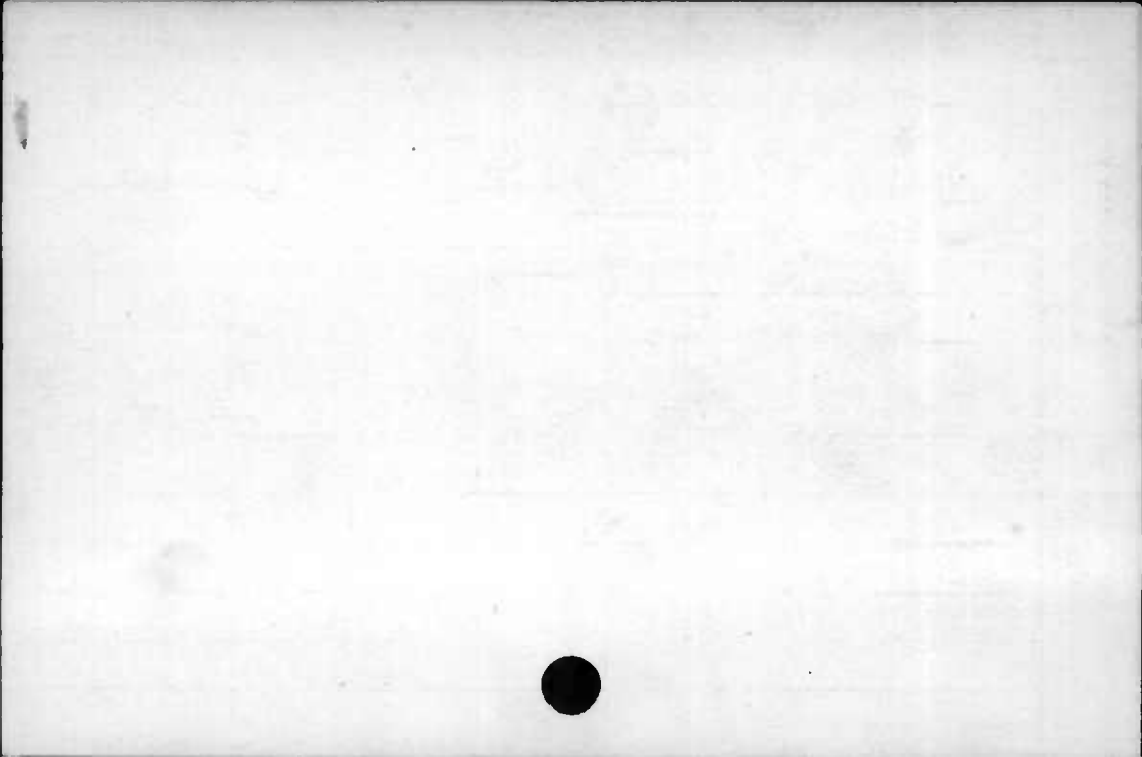
Primary *Enterocolitis* *105* How long *4 days*

Immediate *Convulsions* How long *Four hours*

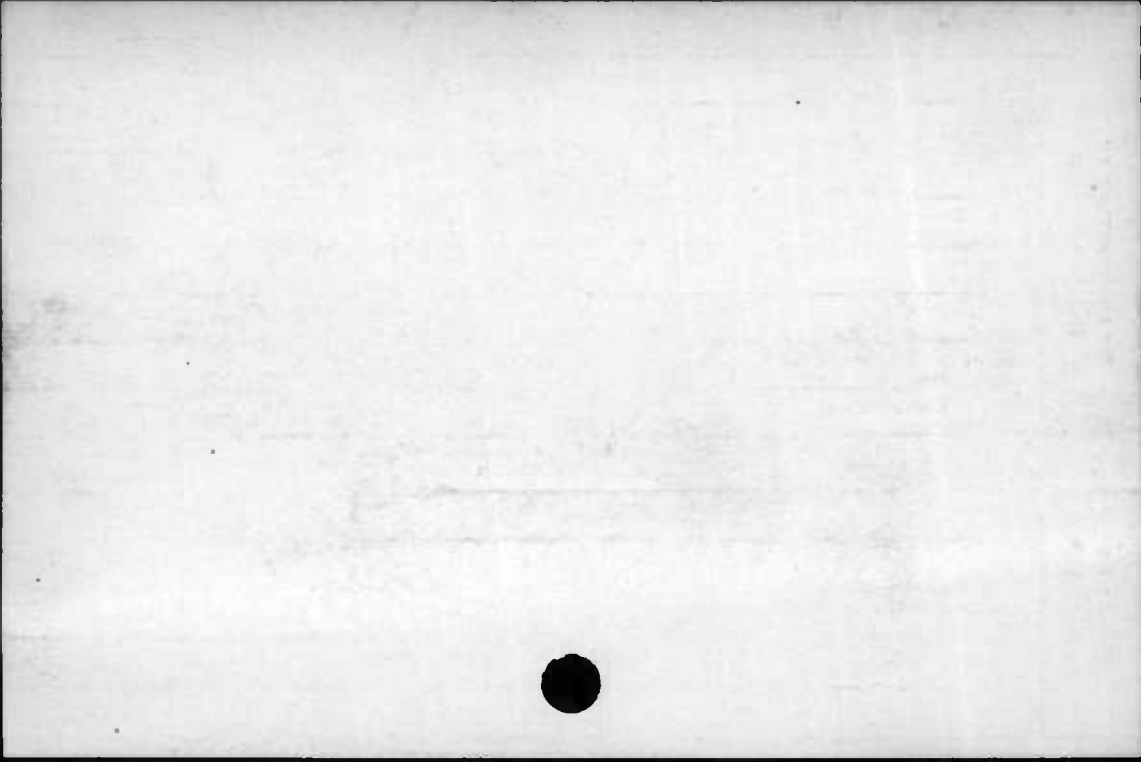
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W B Skilling M D*

Address *Linsomring*

Accident or Suicide? *No*



Name in Full		Infant Saml Rinn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		MARYLAND
	Date of death		1906	Month	July	Day	23
	Sex		Male		Age		Years -
	Color or Race		White		Months		4
	Occupation		Infant		Birthplace		Cumberland
	Where Residing if not at place of death		-		Days		-
	Married, Single or Widowed		Single		Name of Wife or Husband		-
PHYSICIAN OR CORONER	Father's Name		Samuel Rinn		Father's Birthplace		Cumberland
	Mother's Maiden Name		Irene		Mother's Birthplace		Cumberland Md
	Name of person giving information		Saml Rinn		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Cholera Infantum		How long		10 days
Immediate		Meningitis		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. J. Duke	
Address		Cumberland		Address		Cumberland Md	
Accident or Suicide?		-					



Name
in
Full

Infants of Peter Lippold

CERTIFICATE OF DEATH

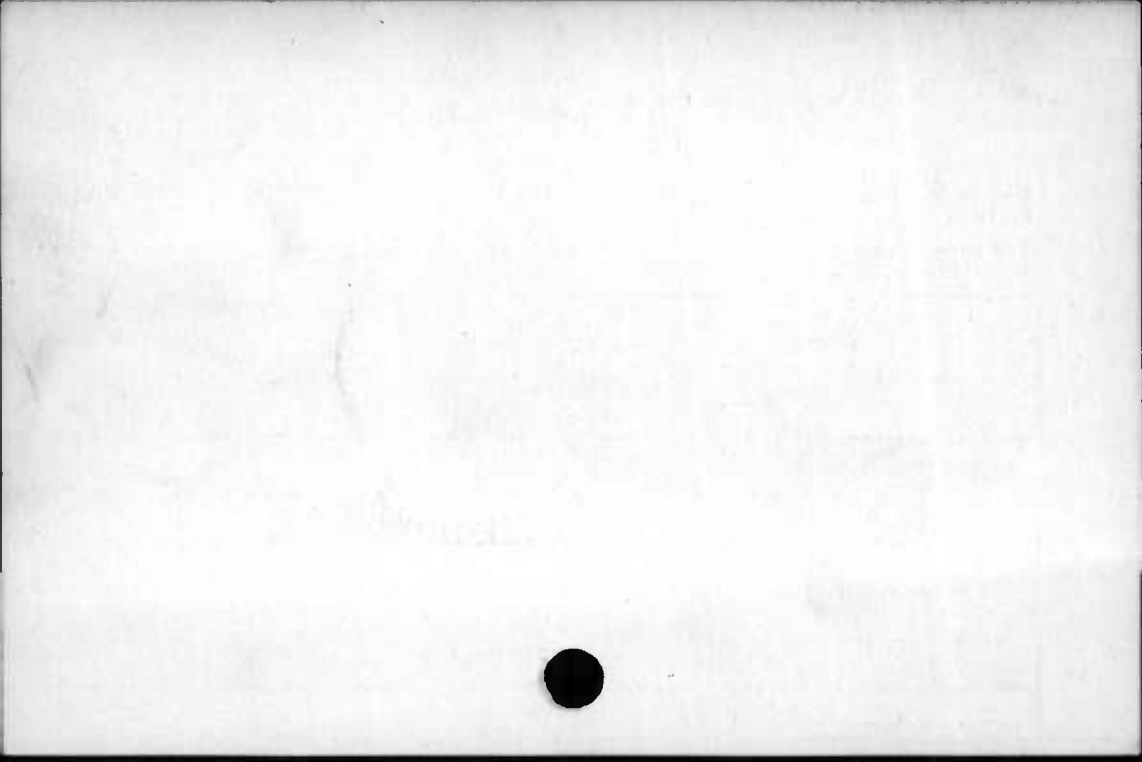
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death		1906	Month July	Day 23	Age	Years	Months 1
Sex boy		Color or Race White		Birth- place Cumberland		Days	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Peter Lippold		Father's Birthplace		Cumberland	
Mother's Maiden Name		Mary D. Verner		Mother's Birthplace		Cumberland	
Name of person giving In formation		Peter Lippold		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Thos. Korn
		Address	Cumberland Korn Md.
Accident or Suicide?		LOUIS STEIN	



Name
in
FullMargaretta M^cCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Chamberland* ^{County} *Alleghany* **MARYLAND**

Date of death *1906* Month *7* Day *28* Age *83* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Frostburg*

Occupation _____ Where Residing If not at place of death _____

~~Married, Single~~ ~~Widowed~~ Name of Wife or Husband *F. M. M^cCarty dec'd*

Father's Name *George M^cCulloh* Father's Birthplace _____

Mother's Maiden Name *Mary Clark* Mother's Birthplace _____

Name of person giving information *H. J. M^cCarty* **(43)** How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tumor of breast* How long *1 year*

Immediate *General exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above?

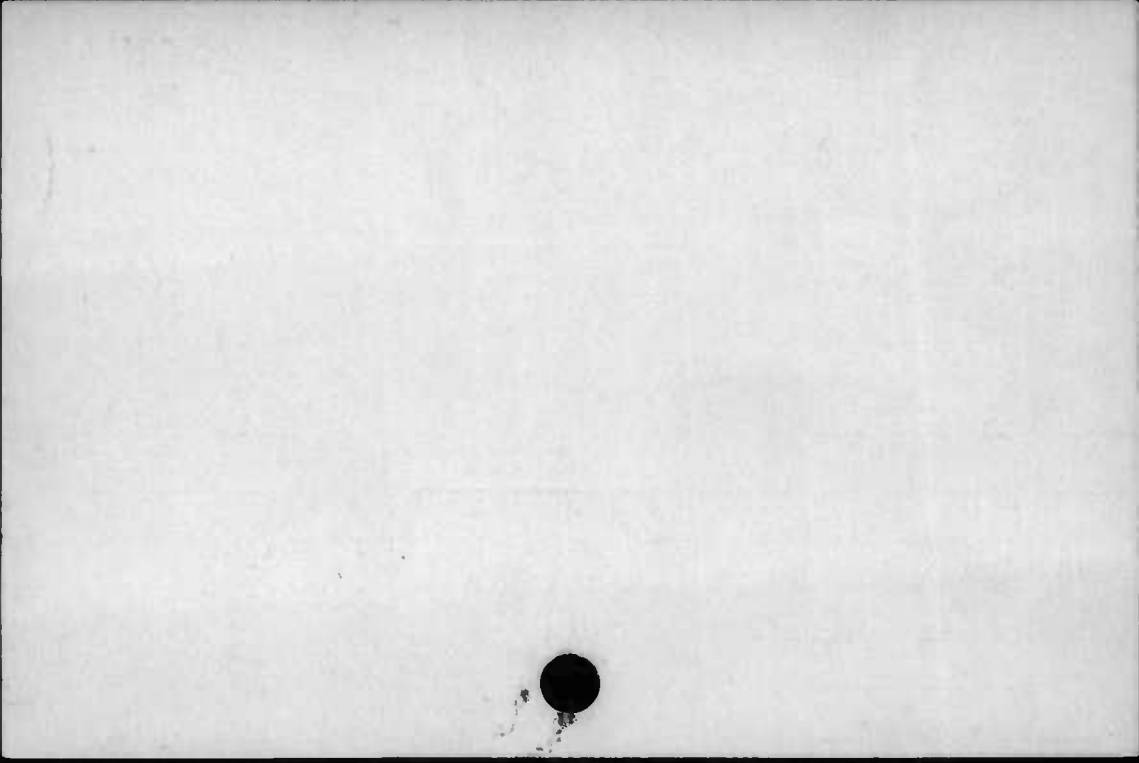
yes

Signature of Physician

Address

H. M. M^cCarty
Chamberland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

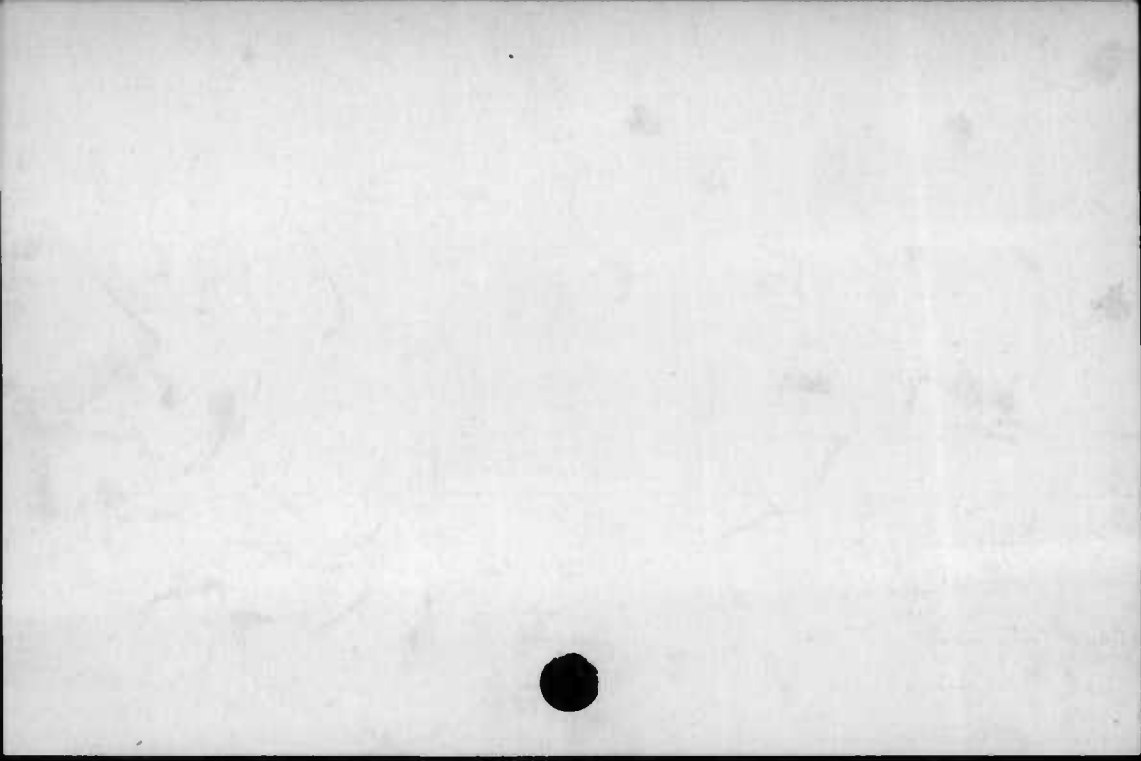
TO BE ANSWERED BY
NEAREST FRIEND

Name Peter Marshelotz County Callegany Maryland
Died at Cumtland
Date of death 1906 Month 7 Day 16 Age about 56 Months _____ Days _____
Sex Male Color or Race White Birth-place C. Md.
Occupation Labor Where Residing if not at place of death _____
Married, Single or Widowed Single Name of Wife or Husband Don't Know
Father's Name Don't Know Father's Birthplace _____
Mother's Maiden Name Don't Know Mother's Birthplace _____
Name of person giving information G. S. Butler How related to deceased _____

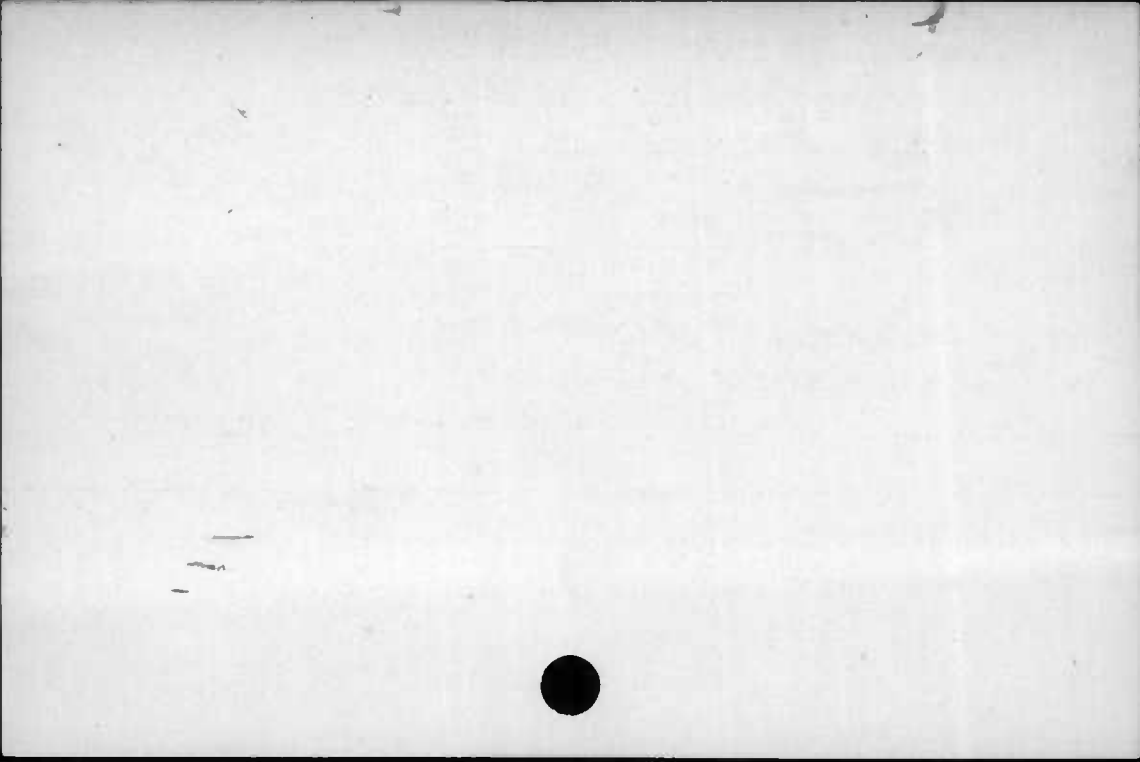
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____
Immediate Killed by B + O Car. 166 How long _____
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician G. H. Martz, Coroner
Address Cumtland Md
Accident or Suicide? _____



Name in Full		26 Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frostburg</u>		Town <u>all gay</u>		County		MARYLAND
	Date of death <u>1906</u>		Month <u>7</u>	Day <u>28</u>	Age <u>2</u>	Years	
	Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Frostburg Md</u>		
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Frank Williams</u>		Father's Birthplace <u>Frostburg</u>				
	Mother's Maiden Name <u>Eva Martin</u>		Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Schuyler May Jr</u>		How related to deceased <u>under 18</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Cholesterifidulum</u>		How long <u>2 wks</u>				
	Immediate <u>4</u>		How long <u>4</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. M. Prior</u>				
			Address <u>Frostburg Md</u>				
	Accident or Suicide? <u>—</u>						



Name
in
Full

Pearl Lucille Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Luoke ^{Town} Allegheny ^{County} **MARYLAND**

Date of death 1906 ^{Month} 7 ^{Day} 18 ^{Years} 1 ^{Months} 10 ^{Days} 14

Sex Female Color or Race White Birth-place W Va

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thos. W. Morrison Father's Birthplace W Va.

Mother's Maiden Name Lilly Kenney Mother's Birthplace N.J.

Name of person giving information T. W. Morrison How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

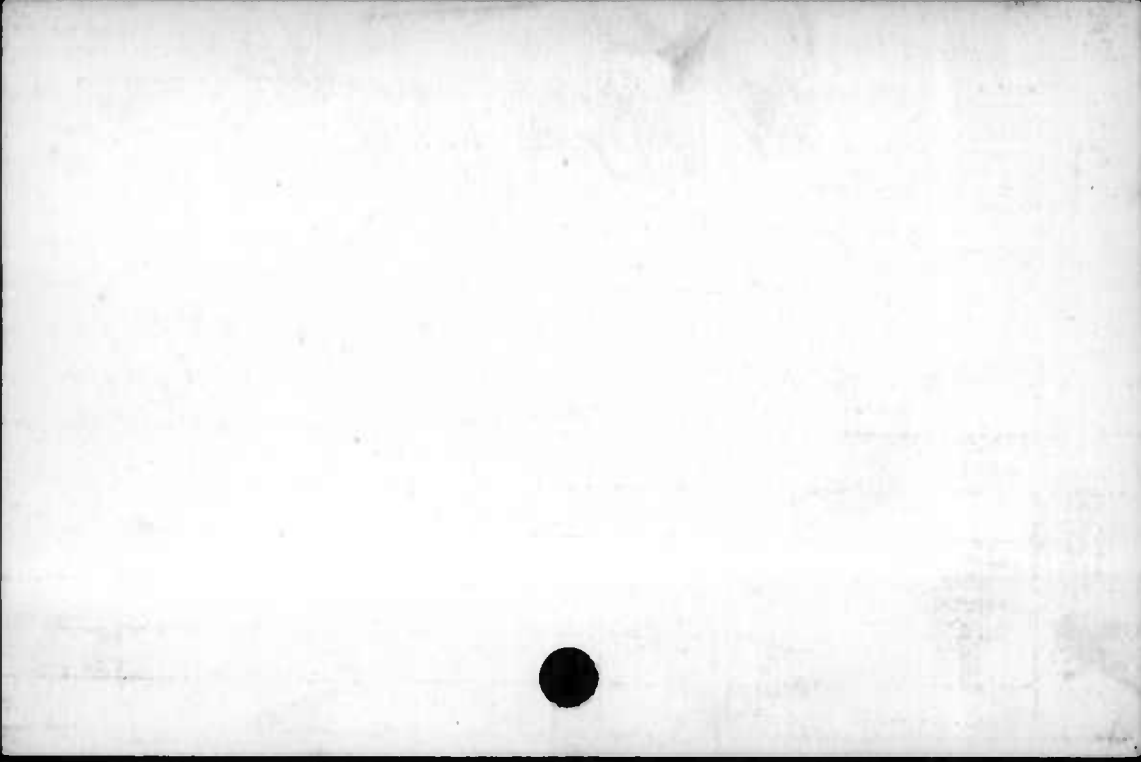
Primary Summer Diarrhea 105 How long about 2 wks

Immediate Convulsions How long about 30 minutes

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. J. Kalbauer

Address Piedmont W. Va.

Accident or Sulcide? no



Name
in
Full

Bessie E. Morrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Westernport</i> ^{County} <i>Alleghany</i>		MARYLAND	
Date of death	1906	Month	7
		Day	30
		Age	75
		Years	—
		Months	—
		Days	—
Sex	<i>Female</i>	Color or Race	<i>White</i>
Birthplace	<i>England</i>		
Occupation	<i>Housewife</i>		
Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Robert Morrow</i>
Father's Name			
Father's Birthplace			
Mother's Maiden Name			
Mother's Birthplace			
Name of person giving information	<i>Elyakth Harskyn</i>		How related to deceased <i>Grand daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	
Immediate	<i>Pneumonia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. H. Parsons</i>
		Address	<i>Acidmant W.</i>
Accident or Suicide?	<i>no</i>		



Name in Full		Bernard Moses				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cockhart Mines		allghany		MARYLAND
	Date of death	1906	Month	July	Day	31 st	Age
	Sex		Male		Color or Race		White
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Floyd Moses		Father's Birthplace		Virginia
PHYSICIAN OR CORONER	Mother's Maiden Name		Clara Duffey		Mother's Birthplace		Cockhart Mines
	Name of person giving information		Floyd Moses		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Cholera infantum		How long		Four days
Immediate		Erysipelas		How long		105	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Jas C. Holdworth M.D.			
		Address		Cockhart Mines			
Accident or Suicide?		No					

John

Catholic Country -

Name
in
Full

infant - Emma Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumby* TownCounty *Allegheny*Date of death *1906*Month *July*Day *7*

Age

Years

Months

Days *1*

Sex

female

Color or Race

white

Birth-place

Cumby

Occupation

—

Where Residing if not at place of death

—

Married, Single or Widowed

—

Name of Wife or Husband

—

Father's Name

unknown

Father's Birthplace

—

Mother's Maiden Name

Emma Myers

Mother's Birthplace

md

Name of person giving information

Emma Myers

How related to deceased

Mother

CAUSES OF DEATH

Primary

Premature birth (7 mos)

How long

3 hours

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

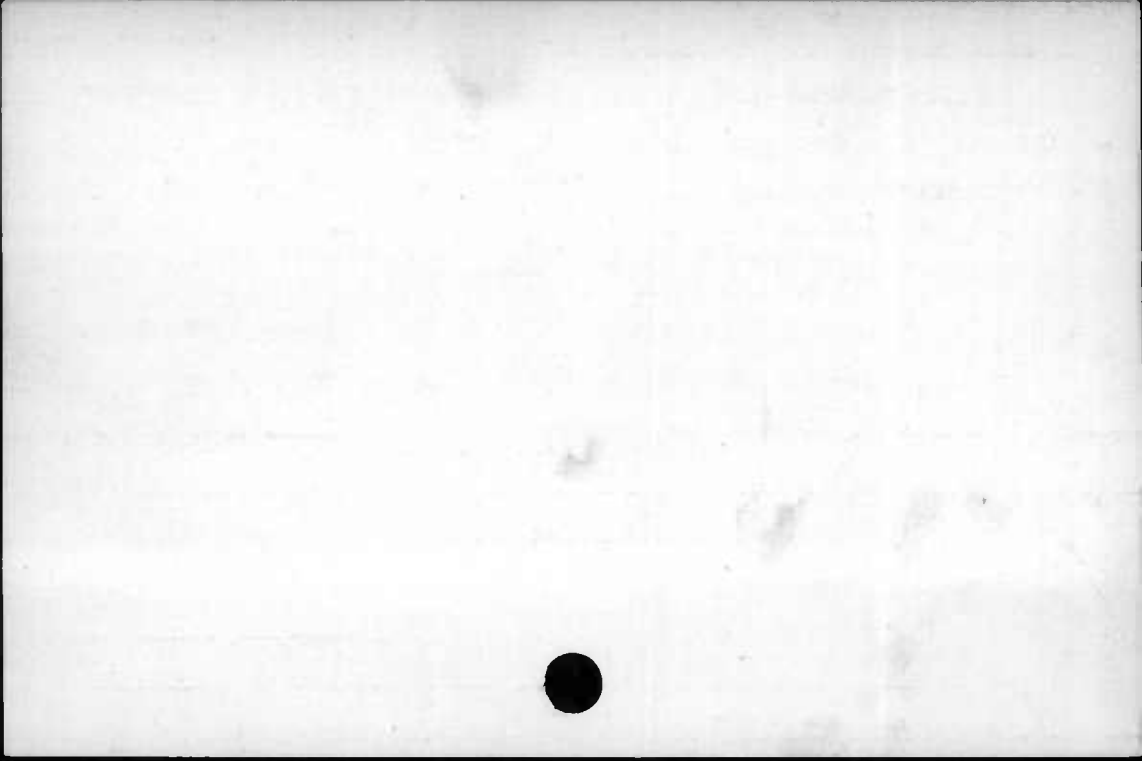
Att. Brace

Address

Cumby md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Virginia Weely

Died at ^{Town} Cumberland^{County} Allegany

MARYLAND

Date of death 1906 July 31

Age ^{Years} 5 mos^{Months} 5 mos^{Days} —

Sex female

Color or Race white

Birth-place

Cumberland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm Weely

Father's Birthplace

Cumberland Md

Mother's Maiden Name

Bessie Laura Phawey

Mother's Birthplace

Cumberland Md

Name of person giving information

Wm Weely

How related to deceased

Father

CAUSES OF DEATH

197

Primary

Acute Bronchitis Pneumonia

How long

3 wks

Immediate

Basilar Meningitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. Z. Owens

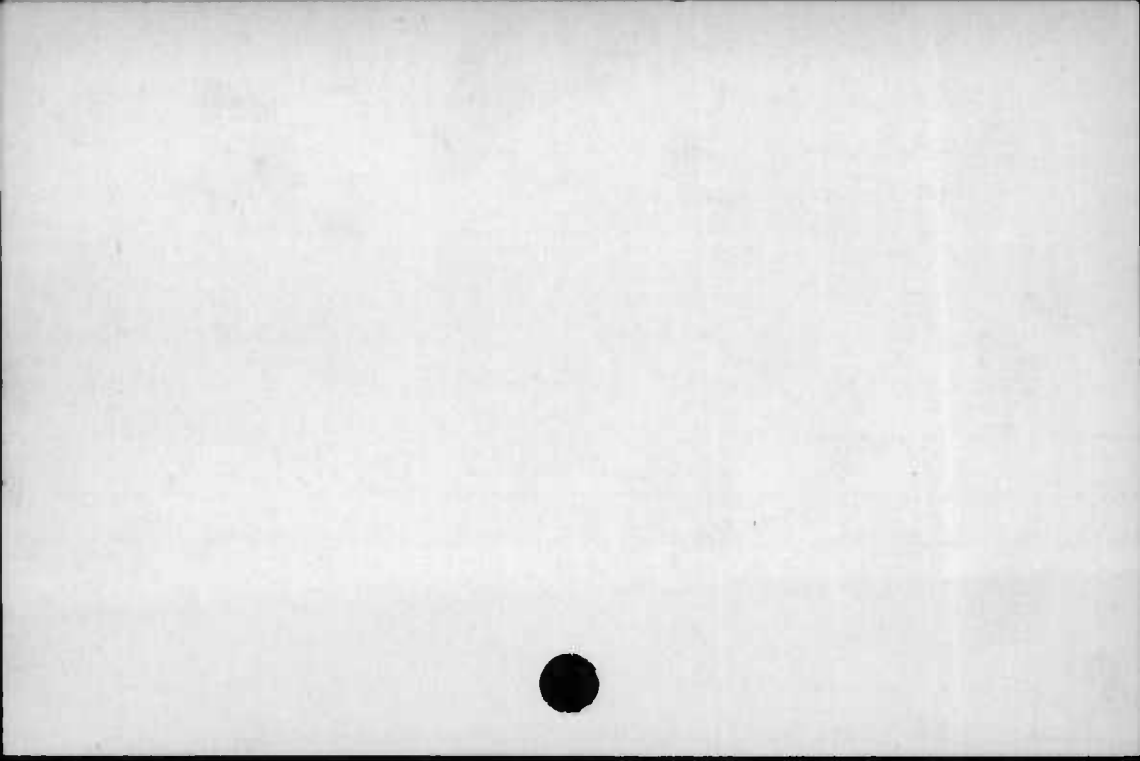
Address

Cumberland Md

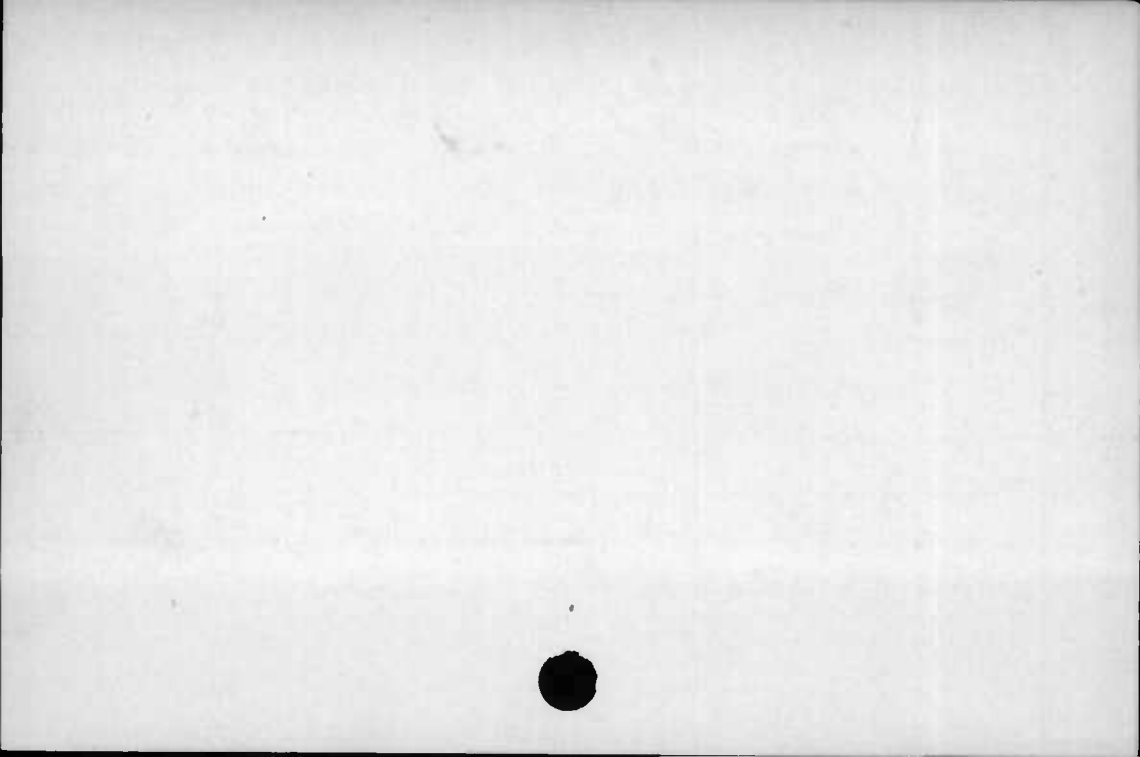
PHYSICIAN
OR CORONER

Accident or Suicide?

no



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lonaconing</i> <small>Town</small>		<i>Alligum</i> <small>County</small>	
		Date of death <i>1906</i> <small>Year</small>		<i>July</i> <small>Month</small>	
		<i>27</i> <small>Day</small>		<i>28</i> <small>Years</small>	
		<i>Male</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>	
		<i>Miner</i> <small>Occupation</small>		<i>Lonaconing</i> <small>Birth-place</small>	
TO BE ANSWERED BY NEAREST FRIEND		<i>Single</i> <small>Married, Single or Widowed</small>		<i>—</i> <small>Name of Wife or Husband</small>	
		<i>James B. Nichols</i> <small>Father's Name</small>		<i>Scotland</i> <small>Father's Birthplace</small>	
		<i>Ellen Logsdon</i> <small>Mother's Maiden Name</small>		<i>Boston</i> <small>Mother's Birthplace</small>	
		<i>George Nichols</i> <small>Name of person giving information</small>		<i>Brother</i> <small>How related to deceased</small>	
		CAUSES OF DEATH			
PHYSICIAN OR CORONER		<i>Bright's Disease</i> <small>Primary</small>		<i>Six months</i> <small>How long</small>	
		<i>Pericarditis</i> <small>Immediate</small>		<i>Four days</i> <small>How long</small>	
		<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>W. B. Skilling M.D.</i> <small>Signature of Physician</small>	
		<i>no</i> <small>Accident or Suicide?</small>		<i>Lonaconing</i> <small>Address</small>	



Name
in
Full

Elizabeth Chr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alligany		MARYLAND	
Date of death		1906	Month July	Day 20	Age	Years	Months Days
Sex Female		Color or Race White		Birth- place Cumberland			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		George Chr. Jr.				Father's Birthplace Cumberland	
Mother's Maiden Name		Johanna Bailey				Mother's Birthplace Lima, Conn.	
Name of person giving Information		George Chr. Jr.				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long 8 wks
Immediate	Measles	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		Dr. Thos. Koon
Address		Cumberland Koon Md.
Accident or Suicide?		

300 Columbia Ave.

Name
in
Full

Mrs. Sarah Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	5	83			8
Sex	Female	Color or Race	White		Birth-place	England	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Widowed							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		
J. E. Pearce					Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<p>old age - 154</p>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes.	A. H. Hawkins M.D.
	Address
	Cambridge
	Hawkins
Accident or Suicide?	

LOUIS STEW

LOUIS STEW



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Porter
 Town St. Sprague County Kellegany
 State MARYLAND

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

FemaleColor or
RaceWhiteBirth-
placeSt. Sprague, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameJohn W. PorterFather's
BirthplaceWillingburg PaMother's
Maiden NameRosa M. PorterMother's
BirthplaceHaffers MdName of person giving
InformationW. PorterHow related
to deceasedFather

CAUSES OF DEATH

Primary

Still birth

How long

Probably two days

Immediate

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

EdwardsSt. Sprague, Md

Accident or Suicide?

PHYSICIAN
OR CORONER

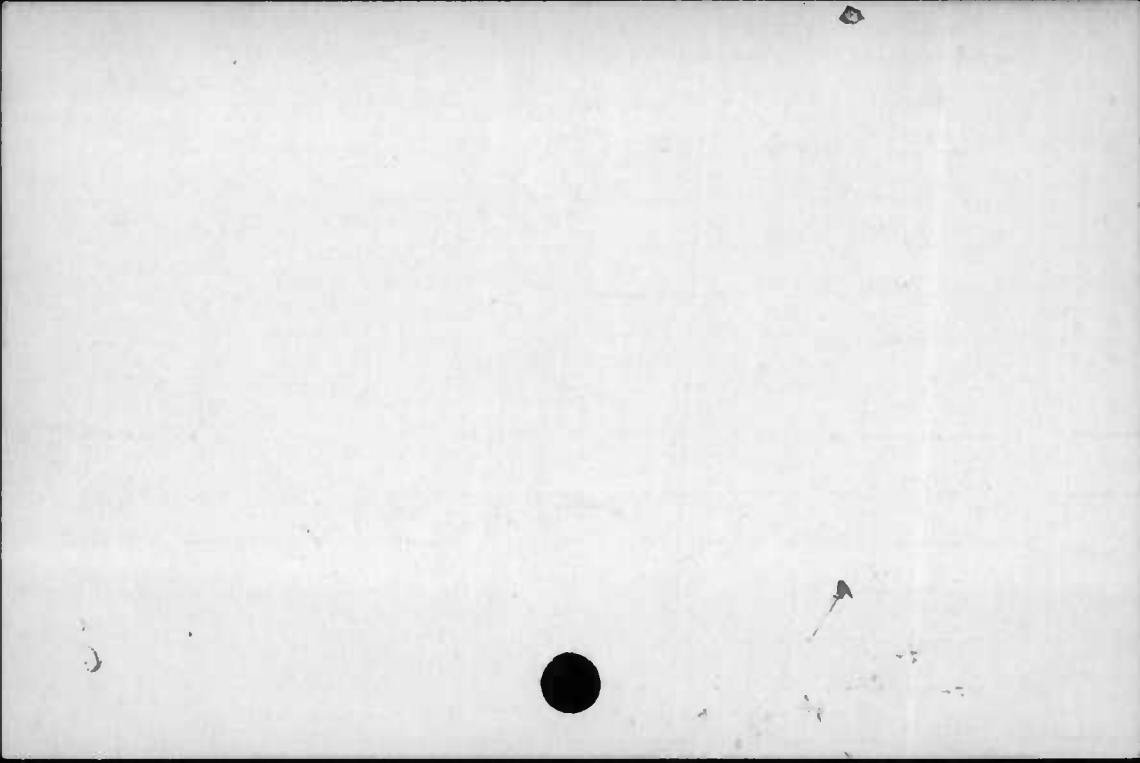


Name in Full		Elizabeth Prout				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frostburg		County		
		Alley		TOWN		MARYLAND		
		Date of death		1906	Month	July	Day	30
		Age		66	Years	6	Months	—
		Sex		F	Color or Race	W	Birthplace	England
Occupation		Housewife		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		James Prout				
Father's Name		William Prout		Father's Birthplace		England		
Mother's Maiden Name		Sarah Bullis		Mother's Birthplace		England		
Name of person giving information		James Prout		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Cancer of stomach		How long		
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Frostburg Md		Address		
Accident or Suicide?								

7700

alley

Name in Full		Town				County		CERTIFICATE OF DEATH			
Gertrude Elizabeth Renschlein		Crown				Alle		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months		Days	
1906		July		4		60					
Sex		Female		Color or Race		White		Birthplace		Md	
Occupation		housewife		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		John W Renschlein					
Father's Name				Father's Birthplace							
Mother's Maiden Name				Mother's Birthplace							
Name of person giving information		John W Renschlein		How related to deceased		Husband					
CAUSES OF DEATH											
Primary		Paresis				How long		2 yrs			
Immediate		Starvation				How long		mo.			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr W. W. Wiley					
				Address		Cumberland Md					
Accident or Suicide?		LOUIS STEHL		Wiley		GMA					



Name
in
Full

Dorothy Rider

CERTIFICATE OF DEATH

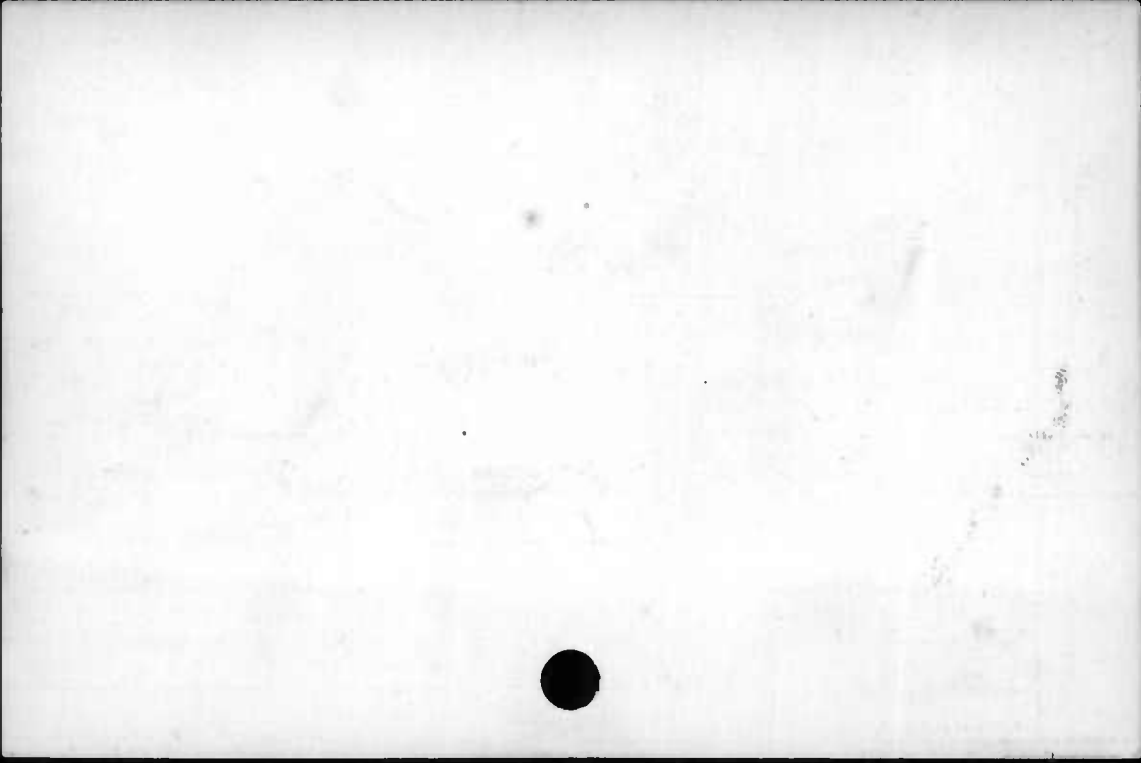
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>27</i>	Age <i>-</i>	Years <i>-</i>	Months <i>10</i>	Days <i>6</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ridgely</i>				
Occupation <i>-</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>						
Father's Name <i>Joseph Rider</i>	Father's Birthplace <i>Pa.</i>						
Mother's Maiden Name <i>Therese Miltentberger</i>	Mother's Birthplace <i>W. Va</i>						
Name of person giving information <i>Joseph Rider</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ileo-Colitis</i>	How long <i>(105)</i>
Immediate <i>Congestion of Lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. A. Leo Franklin</i>
LOUIS STEIN	Address <i>Dr. Cambridge Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

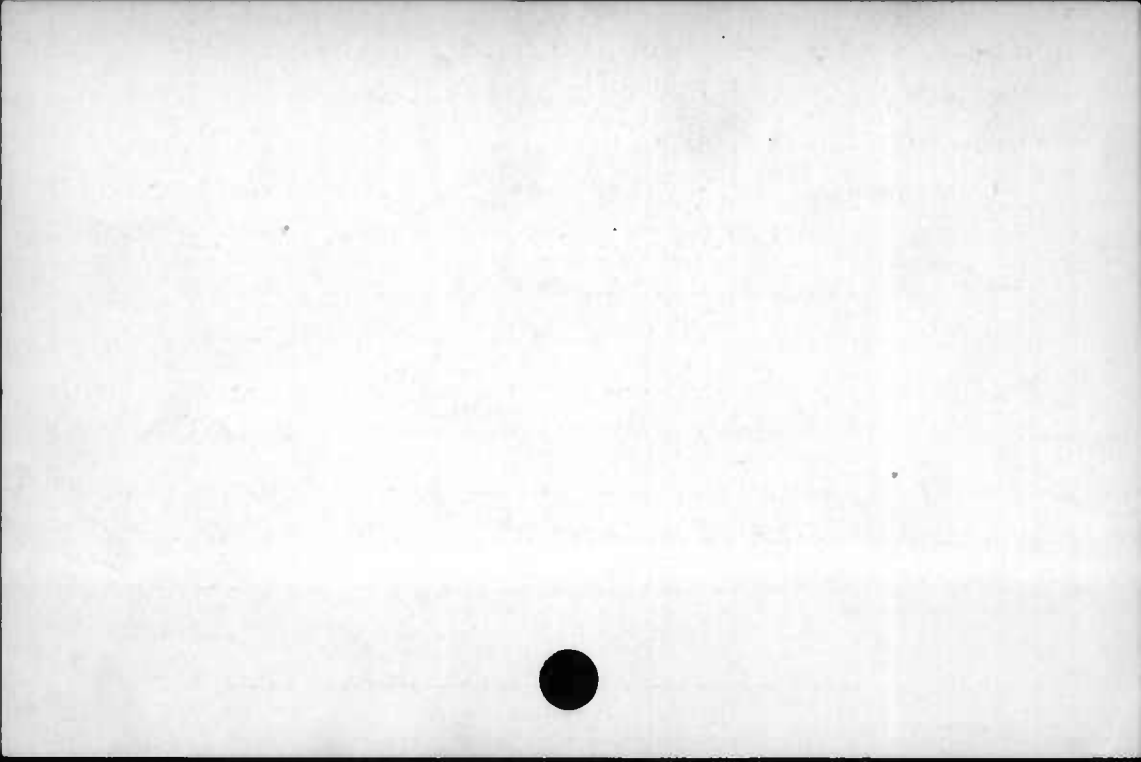
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Percy Saml. Sampson		Town Mt. Savage		County Allegheny		State MARYLAND	
Died at Mt. Savage		Date of death 190 6		Month July		Day 21	
Age 39		Years 39		Months 		Days 	
Sex Male		Color or Race White		Birth place Saxton, Pa			
Married, Single or Widowed Married		Occupation Black-Smith					
Name of Wife or husband Annia Trumble							
Father's Name Richard Sampson				Father's Birthplace 			
Mother's Maiden Name 				Mother's Birthplace 			
Name of person giving information Harry R. Sampson				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fractured Pelvis & ruptured bladder 2 hours		How long few minutes	
Immediate Coriary Syncopa			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Edward Luales	
		Address Mt. Savage, Md	
Accident or Suicide? Accident			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs Miranda Sealy</i>		Town <i>North Branch</i>		County <i>Allergany</i>		MARYLAND	
Died at <i>North Branch</i>		Month <i>July</i>		Day <i>14</i>		Age <i>36</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>14</i>		Years <i>36</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cumtland</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>North Branch</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Sealy</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation <i>Mrs William K. Thom</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>4 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Swigg</i>
	Address <i>Cumtland</i>
Accident or Suicide <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas. Henry Shaffer</i>		Town <i>Luice</i>		County <i>Allegh.</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>5</i>		<i>6</i>	
Month <i>7</i>		Day <i>5</i>		Years <i>—</i>		Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Luice Md</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Phillip N Shaffer</i>		Father's Birthplace <i>Conn</i>					
Mother's Maiden Name <i>Myrtle T. Gulliver</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Phillip N Shaffer</i>		How related to deceased <i>father</i>					

Dr. Long

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>105</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. Long</i>
	Address <i>Piedmont</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

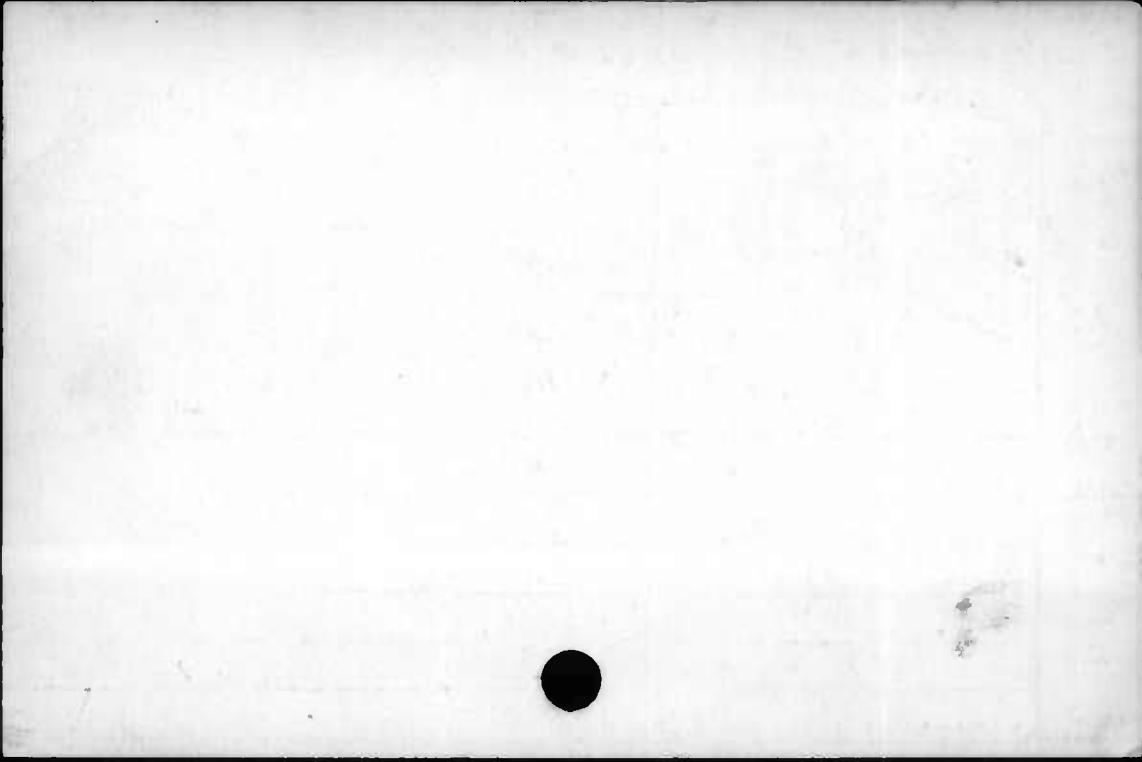
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hellen Rebecca Sloan</i>		Town <i>Cambridge</i>		County <i>Alley</i>		State <i>MARYLAND</i>	
Died at <i>Cambridge</i>		Month <i>July</i>		Day <i>23</i>		Age <i>-</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>23</i>		Age <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Cambridge</i>		Months <i>4</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Duncan Sloan</i>		Father's Birthplace <i>Mo.</i>					
Mother's Maiden Name <i>Margaret Knobel</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Duncan Sloan</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. R. Hodges</i>
<i>LOUIS STEIN.</i>	Address <i>14 Cumberland</i>
Accident or Suicide?	<i>Ma</i>



Name
in
Full

Annis N Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumb ^{Town}		Allegany ^{County}		MARYLAND	
Date of death 1906	Month July	Day 12	Age	Months 15	Days
Sex Female	Color or Race		Birth-place		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Henry Smith		Father's Birthplace			
Mother's Maiden Name Lizzie Hoyerhunger		Mother's Birthplace			
Name of person giving information Henry Smith		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long 5 days
Immediate	Exhaustion	How long 1 day
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. R. Hodges M.D.
		Address Cumberland, Md.
Accident or Suicide?		



Name in Full		Town				County		STATE		
Clarence Steele		Allegheny		Allegheny		MARYLAND				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Date of death 1906		Month 11	Day 13	Age	Years	Months 2	Days 14	
	Sex	M.		Color or Race		W.		Birth-place	Md.	
	Occupation					Where Residing if not at place of death				
	Married, Single or Widowed					Name of Wife or Husband				
	Father's Name	Henry Steele				Father's Birthplace Md.				
	Mother's Maiden Name	Daisy Mussetter				Mother's Birthplace Md.				
Name of person giving information		Henry Steele				How related to deceased Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	The child was found dead in bed.						How long		
	Immediate							How long		
	Are the name, age, sex, color, date and place correctly given above?	—						Signature of Physician	Dr. W. M. Lane	
								Address		
Accident or Suicide?										

Atty

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Thomas</i>		Town <i>Lonaconing</i>		County <i>Alligany</i>		MARYLAND	
Died at <i>Lonaconing</i>		Date of death <i>1906 July 14</i>		Age <i>23</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>			
Occupation <i>miner</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Thomas</i>		Father's Birthplace <i>Montgomery Md</i>					
Mother's Maiden Name <i>Mary Mitchell</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Mrs. Mary Thomas</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pyphoid fever</i>	How long <i>About five weeks</i>
Immediate <i>Menigitis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Killing M.D.</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Nellie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Estport</u> ^{Town}		<u>Alley</u> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	13
Age		Years	24	Months	8
Sex	Female	Color or Race	W	Birth place	Estport - Md
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Joseph Thomas		Father's Birthplace		
Mother's Maiden Name	Martha Davis		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism, Cardiac Disease	How long	Several yrs
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>[Signature]</u>
		Address	<u>[Address]</u>
Accident or Suicide?			



Name
in
Full~~Robert~~ ^{Ross} D. Swigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cumberland County Allegheny MARYLAND

Died at Cumberland

Date of death 1906 Month July Day 23 Age 34 Years 9 Months - Days -

Sex Male Color or Race White Birth-Place Allegheny Co Md

Occupation R.R. Conductor Where Residing if not at place of death Ridgely Pa

Married, Single or Widowed married Name of Wife or Husband Minnie

Father's Name Howard Swigg Father's Birthplace W.Va

Mother's Maiden Name Dean Mother's Birthplace

Name of person giving information Minnie Swigg How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Septicemia (20) How long 11 ds.

Immediate Endocarditis How long 2 ds.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

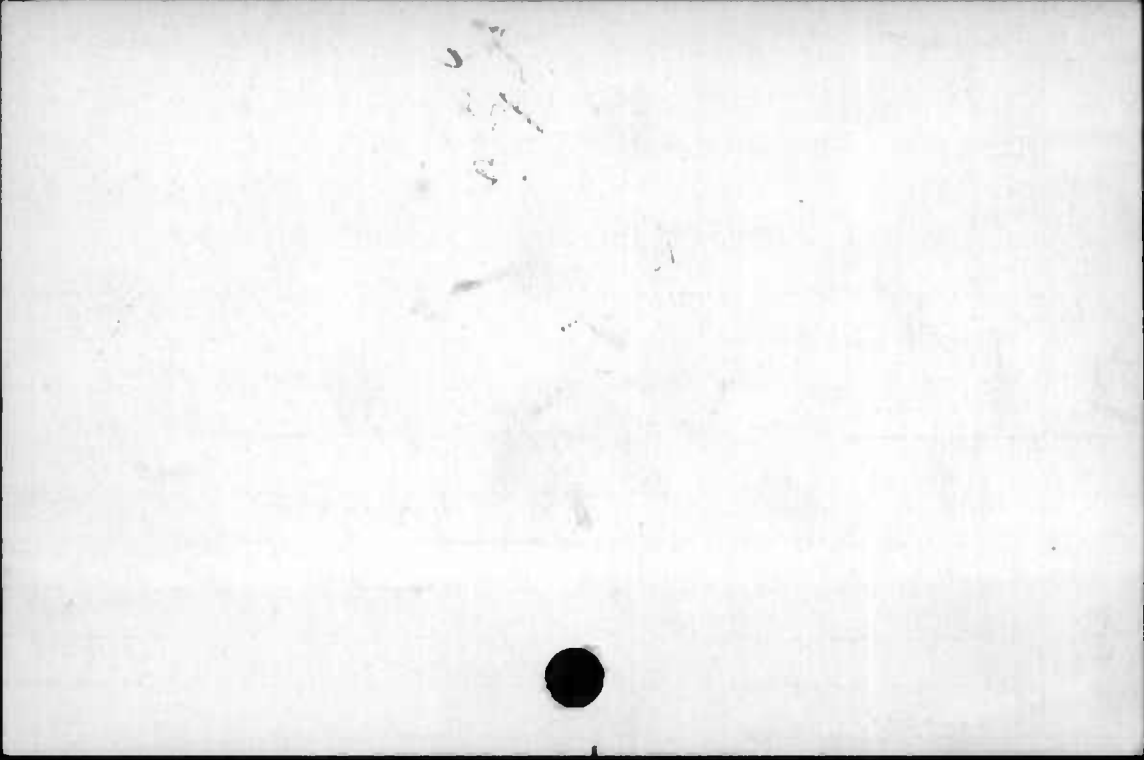
Dr E. B. Claybrooke

Address

Dr Cumberland
md.

LOUIS STAIN,

Accident or Suicide?



Name
in
Full

Baby Vosworth

CERTIFICATE OF DEATH

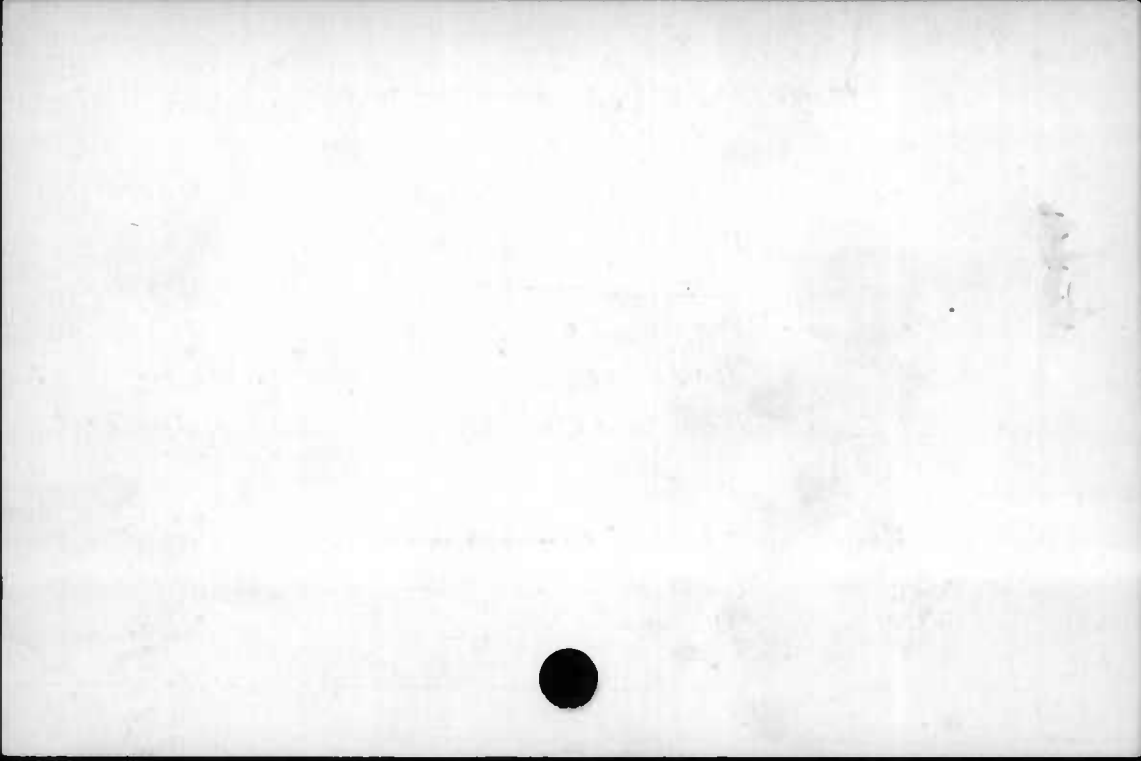
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Mrs Krupar</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>13</i>	Age <i>X</i>	Months <i>3</i>	Days <i>X</i>
Sex <i>Boy</i>	Color or Race <i>Lithuanian</i>		Birth-place <i>Skutumpah</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Belisko Vosworth</i>			Father's Birthplace <i>Town Belarus</i>		
Mother's Maiden Name <i>Anne Vosworth</i>			Mother's Birthplace <i>Yousla Macedonia</i>		
Name of person giving information <i>Chas Sileski</i>			How related to deceased <i>Father, Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach Trouble</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Kalbargl</i>
<i>Infant</i>	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Hambach</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Age <i>69</i>		Months <i>7</i> Days <i>5</i>	
Sex <i>M.</i>		Color or Race <i>W.</i>		Birth-place <i>Germany.</i>			
Occupation <i>Coal Miner</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Louisa Hambach</i>					
Father's Name <i>Don't know both died in</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Don't know both died in</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Louisa Hambach</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miners Asthma</i>	How long <i>20 yrs.</i>
Immediate <i>Carcinoma of Stomach</i>	How long <i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. McLane</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	

Atty Cemetery

Gx Mayer

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Frostburg		Alligany			
Date	Month	Day	Age	Years	Months
of death 190	6	July	28	—	Seven
Sex	male		Color or Race	Colored	
Married, Single or Widowed	—		Occupation	—	
Name of Wife or Husband					
—					
Father's Name			Father's Birthplace		
Joseph Washington			Wva		
Mother's Maiden Name			Mother's Birthplace		
Mamie Galtner			Wva		
Name of person giving information			How related to deceased		
Mamie Washington			mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	Three days
Immediate	Exhaustion	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John A. Watson M.D.	
		Address	
		Frostburg Md.	
Accident or Suicide?			

John
a

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martin Welch

Died at *Cumbrland Maryland* County *MARYLAND*

Date of death *1906* Month *July* Day *28* Age *78* Months *7* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *None* Where residing if not at place of death *at home*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Do not know* Father's Birthplace *—*

Mother's Maiden Name *Do not know* Mother's Birthplace *—*

Name of person giving information *Peter Wilson* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *old age & some debility* How long *—*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. Twigg*

Address *Cumbrland Md*

Accident or Suicide? *—*

2/

Name
in
Full

Adelaide Louise Wernpe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *near Cumberland* ^{old town} *near* ^{County} *Allegany* **MARYLAND**

Date of death **1906** ^{Month} *July* ^{Day} *4* ^{Age} *—* ^{Years} *—* ^{Months} *3* ^{Days} *8*

Sex *Female* Color or Race *White* Birth-place *Ida*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Joseph W. Wernpe*Father's Birthplace *Ida*Mother's Maiden Name *May A Brinke*Mother's Birthplace *Ida*Name of person giving information *May A Wernpe*How related to deceased *Mother*

105

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Summer Drarthritis Indigestion*How long *3 da*Immediate *Meningitis + Exhaustion*How long *1 da*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. L. Bradford M.D.*Address *Cumberland*Accident or Suicide? *No*



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Welsh Hill</i>		County <i>Allegany</i>		MARYLAND	
	Date of death <i>1906 July 16</i>	Month <i>July</i>	Day <i>16</i>	Age <i>26</i>	Years <i>9</i> Months <i>11</i> Days <i>8</i>	
	Sex <i>H.</i>	Color or Race <i>W.</i>		Birth-place <i>md</i>		
	Occupation <i>Chud</i>		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>David Williams</i>		Father's Birthplace <i>Wales</i>			
Mother's Maiden Name <i>Jerimia Wright</i>		Mother's Birthplace <i>md</i>				
Name of person giving information <i>D. Williams</i>		How related to deceased <i>father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		How long		<i>7 Days</i>	
	<i>Appendicitis</i>		<i>118</i>			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr W M Lane</i>		Address <i>Frostburg Md</i>	
Accident or Suicide?						

Ally Cuntz

Island & Meyer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

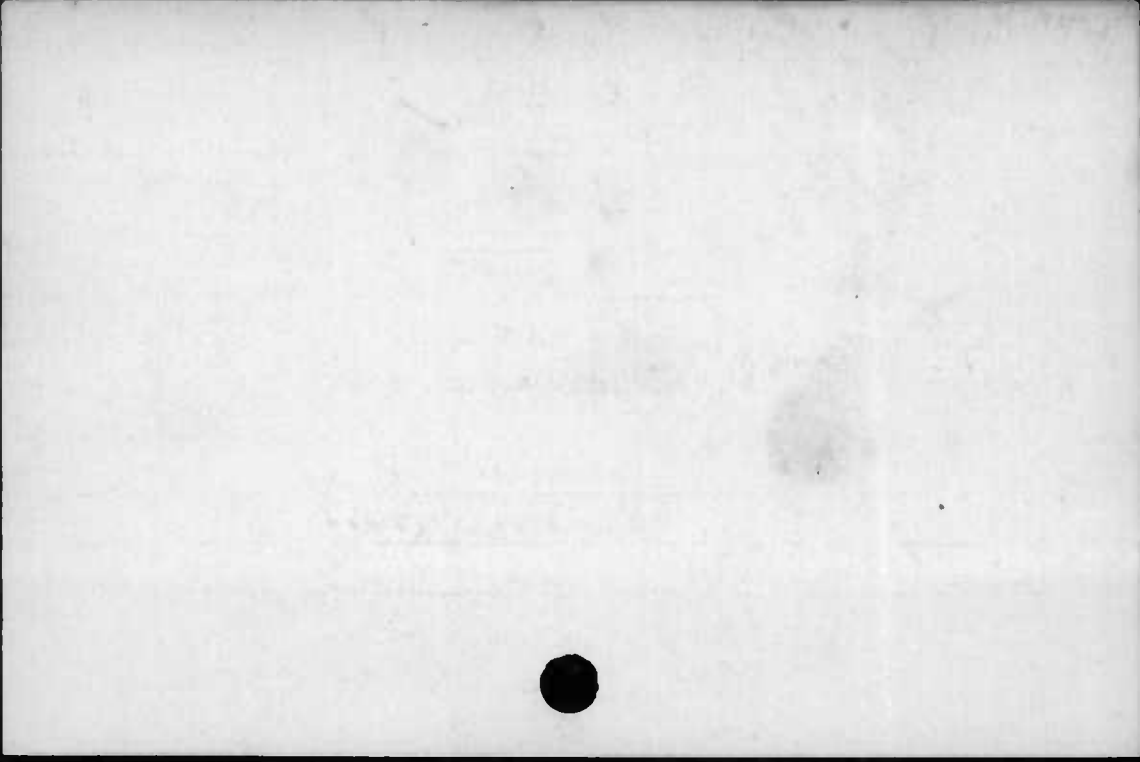
MARYLAND

Thomas C. Wynn
Died at Lonaconing Town Alligany County
Date of death 1902 Month July Day 24 Age 25 Years Months Days
Sex Male Color or Race White Birth-place Lonaconing
Occupation Bar-keeper Where Residing if not at place of death —
Married, Single or Widowed Married Name of Wife or Husband Bertha M. King
Father's Name Michael Wynn Sr Father's Birthplace Ireland
Mother's Maiden Name Catherine Coulon Mother's Birthplace Ireland
Name of person giving information John J. Wynn How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Delirium Tremens (56) How long One week
Immediate Pulmonary Congestion with Cardiac failure How long Suddenly
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician W. D. Skilling M.D.
Address Lonaconing
Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart</i> Town <i>Alley</i> County			
Date of death	1906	Month	July
	7	Day	13
		Age	18 yrs
Sex	Color or Race		Birth-place
<i>Female</i>	<i>White</i>		<i>Eckhart</i>
Occupation	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	Father's Birthplace		
<i>James W. Wintermyer</i>	<i>Ind</i>		
Mother's Maiden Name	Mother's Birthplace		
<i>Nellie Stork</i>	<i>Ind</i>		
Name of person giving information	How related to deceased		
<i>James W. Wintermyer</i>	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lebanese</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	<i>Franklin</i>
Accident or Suicide?			

John

Edmund Combs

Name
in
Full

CERTIFICATE OF DEATH

Baby Zina h

Town

County

MARYLAND

Died at Cumberland

Alleg

Date

Month

Day

Years

Months

Days

of death 1906

July

3

Age

0

0

0

Sex

Female

Color or
Race

White

Birth-
place

Cumberland Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Rod. Heaton

Father's
BirthplaceMother's
Maiden Name

Annie Zink

Mother's
Birthplace

Cumberland

Name of person giving
In formation

Annie Zink

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Born dead

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Harris

Address

Cumberland
Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

